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CHILDREN'S EXPERIENCES OF ART THERAPY.

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### **Acknowledgements**

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### **Summary of MRP**

#### **Section A**

A review of the existing literature detailing school-based art therapy was undertaken. A total of 22 papers were examined. Their theoretical underpinnings and themes depicted were critiqued. The majority of papers were of poor quality due to small samples, poor data triangulation, limited methodological transparency, and lack of outcomes measures. The importance of art making facilitating expression and self-development was highlighted as especially important for children experiencing emotional difficulties. The centrality of the containment and mirroring from the therapist was also noted. Recommendations for future research include increased child involvement in outcome measuring and detailed exploration of mechanisms of change.

#### **Section B**

A grounded theory study of children's experiences of school-based art therapy was undertaken with 14 children. Data triangulation strengthened the results by including parent, teacher, and art therapist perspectives. A total of 43 interviews were completed. Results highlighted the importance of the embedding of the intervention within the school system, the child-centred nature of the therapy, and the vitality of art-doing in enabling expression and change. Outcomes reporting was impacted by intervention purpose clarity. Recommendations for clinical psychology and art therapy practice as well as additional research avenues are detailed.

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Section A: Art therapy as a therapeutic intervention within schools: A review.

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### **Abstract**

At least one in ten children and young people are thought to experience mental health difficulties and the demand for effective interventions is evident. Constrained National Health Service provision and early intervention agendas, have together resulted in therapeutic interventions in schools increasing considerably over recent years. Art therapy in schools is one area that has seen growth.

**Purpose:** This review synthesises and evaluates the existing research on school-based art therapy. It critically examines the theoretical underpinnings of the studies and the themes presented. Factors contributing to the reported effects of the interventions are explored.

**Methodology:** A total of 22 studies were identified through electronic database searches and additional checks of reference lists of relevant papers.

**Findings:** The studies evidenced variability in provision, quality, and outcomes. Most reported improved participant self-confidence, peer relations, and academic progress post-intervention. However, studies suffered from small sample sizes and overreliance on therapist reported change. Research is needed to highlight outcomes following school-based art therapy from broader vantages, particularly children and young people's perspectives. Elucidation of the mechanisms of change within school-based art therapy is required. The possible effects of delivering art therapy within schools, as opposed to clinics, warrants detailed exploration.

**Key words:** Art therapy, art psychotherapy, education, schools

## **Introduction**

### **Child Mental Health**

Mental health is increasingly viewed as a national priority in the United Kingdom. Historically there has been a great disparity between physical health provision and mental health provision, with the latter receiving considerably less attention and resources. The shift towards increased parity of esteem as outlined in the Health and Social Care Act (Parliament, 2012) and the acknowledgement of the multi-layered impact of mental ill-health on society are relatively new (Department of Health, 2011; Sainsbury Centre for Mental Health, 2007; World Health Organisation, 2003). Two Office for National Statistics documents (Meltzer, Gatward, Goodman, & Ford, 1999; Green, McGinnity, Meltzer, Ford, & Goodman, 2005) reported that one tenth of children aged five to 15/16 years had a mental health problem. The Mental Health Foundation (2005) proposed that each year around a fifth of children would experience mental health problems. Many adults reporting mental ill health dated their initial distress to childhood difficulties (Campion, Bhugra, Bailey, & Marmot, 2013).

### **Early intervention.**

The Every Child Matters (ECM) Green Paper (Department for Education & Skills, 2003) signalled greater recognition of the needs of children and the holistic importance of investing early in their development and wellbeing. Notably one of the five elements of the ECM (Department for Education & Skills, 2003) agenda; being healthy included a focus on achieving and maintaining good mental health. ECM (Department for Education & Skills, 2003) called for a widening of service delivery to include locations such as schools and family centres. It proposed that such alternative provision would lessen the stigma associated with attending conventional clinic appointments and would increase engagement, ease of

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access, and improve multi-agency working. It furthermore championed the inclusion of children and young people within strategic planning to make services more appropriate to their clients. The Children Act (Parliament, 1989) was updated (Parliament, 2004) to provide legislation to support the delivery of the ECM (Department for Education & Skills, 2003) objectives.

Following on from ECM (Department for Education & Skills, 2003), the pathfinder programme Targeted Mental Health in Schools (TAMHS) (Department for Children, Schools, & Families, 2008) aimed to increase the accessibility of evidence-informed mental health practice for five to 13 year olds within schools. The overall findings (Department for Education, 2011) indicated post-intervention reductions in children and young people's behavioural problems, improved inter-agency collaboration, and highlighted the importance of delivering preventative work within primary schools. The need for improved communication between mental health services and education providers was noted.

Allen (2011) and Field's (2010) reports on timely early involvement in the lives of vulnerable children further underlined the roles that education providers, surgeries, hospitals, social services, and mental health services all needed to play in supporting children's healthy development. The notion of mental health as everyone's business (Department of Health, 2011) unsettled many. However, with National Health Service (NHS) reforms and budget constrictions, rising thresholds and long waiting times, schools and private and voluntary sector agencies have been pushed into taking a more active role in the emotional lives of children and young people (Atkinson, Lamont, & Wright, 2010; Fazel, Hoagwood, Stephan, & Ford, 2014; Picciotto and Mattison, 2013). Recent initiatives such as Better Outcomes New Delivery (YoungMinds, 2012), Pupil Premium (Department for Education, & the Education Funding Agency, 2014), and Mental Health and Behaviour in Schools (Department for

Education, 2014), have continued to emphasise the responsibilities of schools in fostering good mental health and in working effectively with outside agencies to meet pupils' emotional needs.

### **The role of schools in mental health.**

Children spend most of their time at school and thus schools have been seen as key players in promoting, developing, and sustaining children's mental health and well-being (Lister-Sharp, Chapman, Stewart-Brown, & Sowden, 1999; Ofsted, 2015; Weare, 2000). Children who arrive at school having received good enough parenting (Winnicott, 1973) and having not experienced significant early life difficulties, are theorised to respond well to the school learning environment and make good progress (Geddes, 2006; Sroufe, 1986). These children's cognitive, emotional, physical, and social development has been supported through early healthy attachments (Bowlby, 1979), attuned mirroring (Kuhns, 1983), containment (Bion, 1967), and appropriately scaffolded learning opportunities (Vygotsky, 1978; Wood, 1986). They come to school ready to participate (Anning & Edwards, 2006) and have a vital sense of competence and of being capable of doing well at school (Bandura, 1982; Dowling, 20014). Education settings can thus support their continuing development by deepening this confidence, sense of agency, and reflective skill (Dowling, 2014).

Unfortunately, studies suggest that for many children the surroundings in which they begin life do not foster their healthy development (Allen, 2011; Field, 2010). Without the necessary cognitive, social, and emotional building blocks in place, Green, McGinnity, Meltzer, Ford, & Goodman's (2005) review suggests that they may struggle to keep up with their peers and schools are required to pay greater attention to the emotional needs of these children in order to facilitate their engagement with the curriculum (Bombèr, 2007).

However, balancing the multiple needs of pupils is not an easy task, especially given the continuing dominance of assessment and academic attainment in education.

### **Therapeutic work within schools.**

Some research suggests that school can be a place of refuge and stability in distressing times (Gross, 2008; Kalmanowitz & Lloyd, 2002). Yet teachers have reported feeling ill-equipped to provide the level of containment and emotional support their most vulnerable pupils often require (Burns, 2015). Chiumento, Nelki, Dutton, and Hughes (2011) have argued that teachers need support to create educational environments in which both learning and therapy can succeed, and that while schools may offer an excellent grounding for therapeutic interventions, teachers should not be expected to become pseudo-therapists. Chiumento et al. (2011) instead advocate educating staff clearly about the rationale for therapeutic interventions, transparency about the work being delivered, and regularly reviewing work with staff.

The natural access to children and sessions within school settings can increase engagement and avoid many of the difficulties encountered with attending clinic appointments (Chiumento et al., 2011). Shostak (1985) suggests that another advantage of delivering therapy within an educational environment is that it enables difficulties related to educational progress to be specifically addressed. Partnership with schools can also enhance relationships with local Child and Adolescent Mental Health (CAMH) teams, creating change and improved service access and provision at many levels (Chiumento, et al., 2011).

### **Evidence for Child Mental Health Interventions**

The National Institute for Health and Care Excellence (NICE, 2008) guidance on social and emotional wellbeing for primary school children stresses the importance of schools creating a supportive and secure environment with an ethos that avoids stigma and discrimination in relation to mental health and social and emotional difficulties. Universal and targeted interventions are recommended including problem-focused group sessions and group parenting sessions. Adi, Killoran, Janmohamed, and Stewart-Brown's (2007) systematic review of mental health interventions in primary schools highlighted the effectiveness of support programmes, for example, Promoting Alternative Thinking Strategies (Kusche & Greenberg, 1994). Schucksmith, Jones, and Summerbell's (2010) similar review drew attention to the benefits of holistic interventions (with children, parents, and teachers) which included cognitive-behavioural therapy, social skills work, and attribution training.

In a broader review, Target and Fonagy (2005) evidenced the effectiveness of cognitive behavioural therapy (CBT) for anxiety and depression, and behavioural interventions with autistic children, but noted the lack of research on family therapy and individual psychotherapy. Art therapy was similarly absent in most NICE guidelines for children. NICE (2013) does however recommend considering the use of arts therapies with children and young people experiencing acute psychosis and schizophrenia, based on emerging evidence of their effectiveness with the adult population. It recognised that arts therapies can help children and young people to find new ways of self-expression, to process their unusual experiences, and gain improved understanding of themselves. NICE (2005) did not however, recommend art therapy for children and young people experiencing post-traumatic stress disorder due to insufficient evidence to support its effectiveness. This limited



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evidence base (Karkou, 1999) may be reflective of continuing perceptions of the profession as a relatively young discipline (Rubin, 2005).

### **Art therapy with children.**

Despite its historic struggles with evidence-based practice, art therapy has notably increased in prominence within schools (British Association of Art Therapists [BAAT], 2015; Keating, 2007; Moriya, 2000). Art therapy uses the triadic relationship between the client, the therapist, and the art materials to facilitate inner expression and healing (Rubin, 2005; Malchiodi, 2013). The therapeutic processes are suggested to support the releasing of previously unarticulated thoughts and feelings (Karkou, 2011). It is through the nonverbal image-making and the reflective conversations that follow that increased self-understanding and integration may occur (Rubin, 2005). Art therapists have argued that this lack of reliance on verbal communication (Malchiodi, 2013) has meant art therapy can be particularly suited to supporting the needs of children who have been emotionally hurt or become developmentally stuck (Rubin, 1984, 2005). Art therapy may provide a reparative attachment experience for these children through the therapist's containment (Bion, 1967), attunement (Winnicott, 1973), and the creative encounters with the art materials (Malchiodi, 2013; Rubin, 2005). Case studies have given insight into processes but are predominantly unsystematic and solely from therapist viewpoints (Deaver, 2002; Gilroy, 2006; Kapitan, 2010; Malchiodi, 1998, 2013).

## **Methodology**

### **Aims of the Review**

This review explores the theoretical underpinnings of art therapy and the themes presented within the studies. It examines the range of interventions described as well as

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critically reviewing the outcomes reported and the quality of the findings presented. Given the increasing provision of therapies in schools a review of existing research was needed. The hope was that through this review a more thorough understanding of the usefulness of art therapy in schools would be gained.

A systematic review was undertaken of the existing research on art therapy practice in schools. Multiple literature searches were undertaken. The search strategy is outlined below.

**Database search terms:** Art Therapy OR Art Psychotherapy

AND School

**Inclusion criteria:**

- Peer reviewed journal articles
- Art therapy as the primary intervention in school setting
- Art therapy delivered by a qualified art therapist

**Exclusion criteria:**

- Non-English articles
- Book chapters or book reviews
- Articles detailing art therapy assessments only
- Articles where the intervention was not delivered within the school environment
- Articles detailing art therapy delivered by a non-art therapist or non-qualified art therapist

Studies included adhered to the BAAT (2014) definition of art therapy as “a form of psychotherapy that uses art media as its primary mode of communication” (para.1) and that art therapists aim “to enable a client to change and grow on a personal level through the use of art materials in a safe and facilitating environment” (para.1).

Figure 1. Literature review search strategy. This figure illustrates the review strategy used.

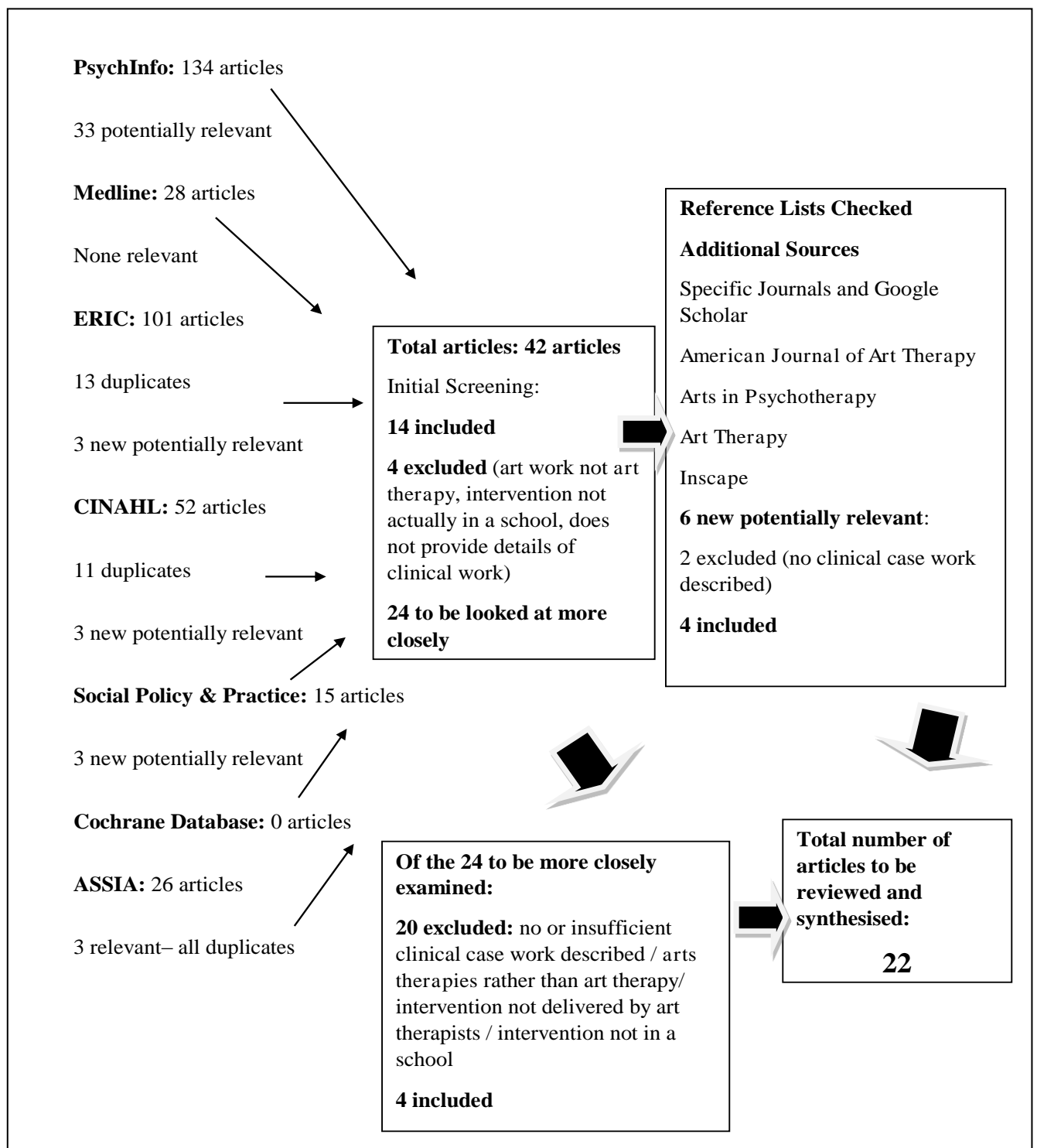


Figure 2. Literature review search process. This figure illustrates the results obtained from the search.

### **Data Extraction and Analysis**

#### **Overview of the selected papers.**

As shown in Appendix A, the 22 papers generated from the literature review detailed a range of interventions and describe much of the diversity present within the art therapy profession. The literature although American dominated, included work from Sri Lanka, South Korea, Australia, Germany, and the United Kingdom. A range of ages and genders of clients was present with considerable variation in length of provision from long-term therapy of two years (Evans, 1998; Welsby, 1998) to a four week intervention (Chilcote, 2007; Spier, 2010). When provided, the therapeutic aims differed in their complexity from low level concerns to multifaceted difficulties. With the exception of the Pond (1998) study, all papers reported benefits following the art therapy intervention. Outcomes included increased self and other understanding (Darrell & Wheeler, 1984; Gibbons, 2010; ter Maat, 1997), reduction in disruptive behaviours (Spier, 2010; Stanley & Miller, 1993), and increased emotional expression (Chilcote, 2007; Druckenmiller, 2002; Gersch & Goncalves, 2006; Welsby, 1998).

#### **Review structure.**

The studies were all assessed using quality criteria from the Critical Appraisal Skills Programme (2013) and Walsh and Downe (2006) (Appendix B). The overall quality of the papers was poor, predominantly due to methodological limitations. If judged by these standards alone, the papers might have been considered redundant in the goal of elucidating effective school-based art therapy interventions. However, such action would have disregarded the valuable perspectives that they provide on the therapeutic work. It would also

have given unfair prominence to quantitatively dominated outcomes discourses particularly when exploring interventions within a profession whose mother-tongue is both nonverbal and qualitative. While an extensive methodological critique could have been undertaken, it was considered more valuable to critically explore the theoretical underpinnings of the interventions and themes occurring across the studies, which offer insight into some of the possible factors contributing to the reported effects of the interventions. Key themes are examined in relation to their perceived contribution to the outcomes described. A brief methodological review is then given, followed by clinical recommendations and directions for future research.

### **Theoretical Underpinnings of the Interventions**

#### **Attachment.**

Four studies referred to attachment theory (Bowlby, 1979) within the intervention's positioning. Welsby (1998) reported creating a therapeutic environment in which, through the therapist's close attunement (Winnicott, 1973) and mirroring (Kuhns, 1983), the client could re-experience opportunities missed from infancy to develop an identity separate from the mother-therapist. Welsby (1998) and Rozelle (1982) suggested that it was through this new healthy attachment and the creation of a transitional space (Winnicott, 1973) within the art therapy, that individuation (Mahler, 1972; Stern, 1985) could be achieved. Similarly, Sutherland, Waldman, and Collins (2010) emphasised the attachment to the therapist as being key to client progress. They argued that clients needed to form a good enough bond (Winnicott, 1973) and a safe base (Ainsworth, 1964; Bowlby, 1979) with the therapist before the therapeutic work could truly begin. It is only then that clients could begin to transfer their emotional learning from art therapy to their broader contexts. Harber (2011) also argued that

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the attunement of therapeutic relationship evoked existing attachment patterns and thus therapists could use the transference occurring within the relationship to create alternative narratives and styles of relating with the client.

The goals of Sutherland et al.'s (2010) programme covered four broad themes: cooperation, attachment, participation, and trust. Interestingly, the most prominent changes observed amongst pupils corresponded to increases in their participation and trusting behaviours within the school environment. However, they noted that change was observed within the attachment and cooperation domains first, and only after change had occurred within those areas, did change then appear within the domains of trust and participation.

### **Sense of self.**

Six studies referred to sense of self. Evans (1998) described art therapy as encouraging the autistic child's emergent sense of self (Stern, 1985) by enabling the child to begin to more effectively process and respond to stimuli. Evans (1998) suggested that the whole of the art therapy experience facilitated vitality affects, an infant's dynamic feelings frequently connected to bodily processes; "dynamic shifts or patterned changes within ourselves" (Stern, 1985, p. 57). Evans (1998) thus argued that art therapy develops a child's preverbal experiences by helping them to extend their awareness of their experiences and thus their communication. It is through their experience of vitality affects (Stern, 1985) that the child gains an increased understanding of the emergent other (Stern, 1985). Evans (1998) thus appears to have described a process akin to early mentalisation (Allen, Fonagy, & Bateman, 2008). However, Evans (1998) provided insufficient clarity on how these processes occurred within the art therapy. Druckenmiller (2002), Pleasant-Metcalf and Rosal (1997), Rozelle (1982), and Stanley and Miller (1993) also conceptualised art therapy as supporting the children and young people's acquisition of a positive sense of self. As with Evans' (1998)

study, an inadequate level of detail on the mechanisms enabling such changes was provided in those four papers.

### **Other theories.**

In line with Karkou's (1999) survey of art therapists in education, a number of other theoretical positions were mentioned within the studies. Group theory (Yalom, 1995) as well as systemic thinking (Lemke & Sabelli, 2008) seemed to form a central component of Gibbons' (2010) study. Gibbons (2010) appeared to emphasise both the power of the collective group identity in creating change within the classroom system and as well as the benefits of enabling pupils to learn together in order to strengthen their individual identities. Although presented within a different theoretical framework, similarities appeared between Gibbons' (2010) theoretical underpinnings and those of Sutherland et al. (2010). The latter's intervention was based on Adlerian theory (Adler, 1929, 1964). Seeming to also include systemic and group theorising in its approach, it focused on fostering community, developing identity together and individually, and creating a sense of belonging for the pupils. This theoretical base was evident from the outset with strong liaison between therapist and school staff reported throughout the intervention and key activities chosen to facilitate group connectivity and belonging.

Mooney's (2000) intervention was framed within a constructivist therapeutic approach (Hoyt, 1994) focusing on the formation of new narratives and strengths-based activities. Pond (1998) detailed a cognitive behavioural therapy (Beck, 2011) informed intervention in which art and image making were used to explore thoughts, feelings, and behaviours, and the relationships between them. A cognitive-behavioural approach was specifically used to enhance the children's development of agency and control both externally through the materials and then internally (Silver, 1987). Pond (1998) also referred to Yalom's



(1995) understandings of group dynamics in contending that the group experience could provide a reparative experience of alternative relating for the children. Systemic and narrative thinking (Lemke & Sabelli, 2008; White & Epston, 1990), although not explicitly named as such, seemed to be woven into many of the studies. Given how embedded children's lives are within multiple systems, such theorising seems essential (Wengrower, 2001). Despite this, the lack of clear theoretical underpinning within many of the papers was striking. The absence of explicit theoretically grounded rationales for interventions created a considerable deficit in their overall quality.

### **Core Themes within the Studies**

#### **Art therapy enables expression of thoughts and feelings.**

All of the papers spoke of the way in which children's art making could open up new conversations and expressions of previously unvoiced or unarticulated thoughts and feelings often relating specifically to their present difficulties. Mooney (2000) stated this clearly in proposing art as an accessible communication form for children; art as bringing forth alternative possibilities and viewpoints; and art as facilitating expression of difficult or problematic feelings. Mooney (2000) was struck by a pupil's articulation within art given his difficulties with communication generally. Similarly, Herrmann (1995) used art to enable the children to express different and difficult emotions, to process, and then to integrate them, ultimately gaining a greater sense of wholeness. Herrmann (1995) emphasised the lack of reliance on the verbal in the effectiveness of children's art therapy. Gersch and Goncalves (2006) and Stanley and Miller (1993) both described the art images as opening up discussions about thoughts and feelings.

Chilcote's (2007) group work with child trauma victims in Sri Lanka highlighted changes in the children's verbal expressions following their visual art making: "previously reserved, the children talked rapidly in this session, revealing trauma stories not verbalized in the past year" (p.159). No information was however provided on the precise mechanisms which might have facilitated such increased verbal expression. It was therefore difficult to know whether these changes might have happened anyway through other means.

Pond (1998) acknowledged that whilst the intervention did not seem to have directly impacted upon the children's experiences of loneliness, it did appear to have facilitated the children's verbalising of their thoughts and feelings. Pond (1998) thus suggested that the art-making might have aided the children's ability to begin to identify links between their thoughts, feelings, and behaviours (Lusebrink, 1990). However, no evidence of enhanced emotional communication outside the group or sustained improvement was reported.

### **Emotional acceptance.**

Chilcote (2007) and Gersch and Goncalves (2006) also emphasised the importance of art therapy as an environment in which children could let out different feelings, knowing that all their feelings would be received and accepted. Chilcote (2007) suggested that enabling the children to express uncomfortable emotions about the trauma of the tsunami was essential in their recovery. Within their paper, Sutherland et al. (2010) also spoke of the importance of validating all group members' feelings and then containing them and described the use of "The Wall" (p. 71) for the pupils to freely share their anger and frustration. How such containment and unconditional positive regard (Rogers, 1957) was maintained by the art therapists and then conveyed to the children was unclear.

### **Other materials supporting expression.**

ter Maat (1997) described a group therapy intervention for two groups of Spanish speaking adolescent immigrants all arriving in America within the last year and that provided an opportunity for processing their depatriation experiences. In contrast to most of the studies considerable written work was detailed alongside the sessions' drawing activities. It is uncertain whether the activity weighting was planned by ter Maat (1997) or was instead the result of pupils preferring not to draw. Mooney's (2000) group also included writing and reading as well as drawing. Similarly, Gibbons (2010) and Harber (2011) presented mixed approaches and suggested that the use of alternative creative materials facilitated art expression. Questions are consequently raised from these four studies about the relative importance of the art-making within the expressive changes reported and thus what processes were actually underlying those communication outcomes.

### **Art as depicting change.**

Several of the authors referred to the ability of the children's artwork to provide visual expression of the internal journey of change occurring during the therapy. Mooney (2000) suggested that it was through the alternative narratives that emerged within the children's artwork that change could be seen and then embraced. Druckenmiller (2002) argued that the client's changes in emotional states were evidenced by changes in his drawings: that the client's reducing need for total control and a greater acceptance of his own limitations was visible within the artwork he created. Pleasant-Metcalf and Rosal (1997) also contended that the client's developing sense of self was illustrated in her evolving art work. Pond (1998) reported that increased relaxation and self-reflection was evident in changes in the client's artwork over the course of the group; describing notable decreasing expressions of control and perfectionism. Similarly, Gibbons (2010) reported that towards the end of the

intervention the pupils became able to convey inner emotions within their mandala-based artwork. However, in all of these studies, it is unclear what caused these reported outcomes. The described changes in artwork could merely be a way of documenting change occurring from elsewhere.

In contrast to the above reports visual expression of progress was not seen in regard to Pond's (1998) other client. His problematic behaviours persisted throughout the intervention and continued to be perceived within his artwork without change. Whilst several of the authors suggested that art could both facilitate and depict change, if change is not observed within a child's art does that mean that change is not occurring? There seemed to be an over-reliance within many of the studies on the visual, particularly the subjective visual, as the primary indicator of change. Given the lack of standardisation for this type of indicator, the need therefore for alternative and complementary measures of change is evident.

### **Art making as providing agency and control.**

Jang and Choi's (2012) study focused on the particular benefits of clay with adolescents. They proposed clay to be a material whose physicality enabled release of energy and emotions, in particular hopelessness and helplessness. Jang and Choi (2012) thus argued that clay played a pivotal role in the process of change; that the adolescents gained greater control over their emotional experiences and expressions through their manipulation of the clay. Likewise, Druckenmiller (2002) and Mooney (2000) contended that the use of the art materials supported the children's need for control and sense of self-competence. These creative processes provided children with a sense of control that they might not have experienced elsewhere. Herrmann (1995) also talked of things becoming possible in the art room and that it was through the children's making that a newfound agency was acquired. What appears absent in these studies is reference to the children's awareness of their

relationship with the art materials and of the observed increasing agency. If asked, would the children report a similar acquisition of control through the art making or would they attend to other aspects of the creative experience? This seems an important, yet currently ill-considered, facet in the exploration of the effective elements of the therapeutic process.

### **The group as important.**

For Chilcote (2007), the group was considered as essential to the therapeutic change as the art materials themselves as it provided an environment of witnessing both to and from others. Sutherland et al. (2010) and ter Maat (1997) argued that the group was vital in enhancing pupils' awareness that they were not alone in their experiences. Gibbons (2010) also concluded that the group was key in facilitating conflict resolution by enabling greater self and other understanding. Likewise, Darrell and Wheeler (1984) described a group intervention, but they made no mention of the benefits of the group, leaving the reader to wonder at its relative value in the change process. What is difficult to discern from these papers is the potential level of impact of the group on the outcomes reported compared to the impact of, for example, the art materials or the art therapy itself, or conversely individual art therapy.

### **The therapeutic relationship.**

There was considerable variation within the papers in regard to the importance attributed to the therapeutic relationship. Evans (1998), Harber (2011), and Sutherland et al. (2010) placed a strong emphasis on the power of the therapeutic relationship to create change. Evans (1998) argued that it was through the therapeutic relationship that new materials and experiences could be explored and tolerated, thereby providing the child with a greater awareness of self and the therapist. Again Evans (1998) appears to be implicitly describing the therapeutic relationship enabling mentalisation (Allen et al., 2008). Sutherland

et al. (2010) noted one of their pupils describing art therapy as “a place of belonging, and a safe, caring, and nurturing environment” (p. 71). They highlighted the impact of this containing attuned environment with another pupil’s reflections “I trust the people in art therapy and now I trust others more” (Sutherland et al., 2010, p. 73). However, it is unclear if these quotes were systematically selected and thus how typical they were of all participants’ experiences.

Wolf (1975) associated the strength of the therapeutic relationship with an observed increase in the pupil’s emotional expression and understanding enabling the child to internalise the relationship with the therapist and thus better care for himself and others. Similarly, Rozelle (1982) viewed the closeness and trust developed within the therapeutic relationship as having facilitated the child’s increased ability to convey some of his feelings through particular words. Rozelle (1982) argued that this containment (Bion, 1967) was a key mechanism in the development of subjective imitation from projective imitation (Ogden, 1979, 1982; Segal, 1973): whereby the child shifted from simply noting the therapist’s mirroring of his artwork, to actively copying her mirrored artwork. Rozelle (1982) suggested this indicated a growing sense of his individuality apart from her. Druckenmiller (2002) contended that only through art therapy could the art therapist form a relationship with the child. What was not stated, however, were the processes by which this seemingly unique connection could be formed and how those differed from other environments, such as play therapy.

Whilst the therapeutic relationship was also central for Welsby (1998), in line with many art therapists (Malchiodi, 2013; Rubin, 2005) her focus was instead explicitly on the triadic relationship between the therapist, child, and the art. She argued that these three relationships could not be separated and that together they enabled the therapeutic boundaries

to be maintained and thus supported clients to progress towards individuation. Questions about the nature and relative importance of the therapeutic relationship arise from Harber's (2011) paper. The author noted having an additional relationship with the client within a literacy group, yet in her contention that this relationship enhanced the therapy relationship, she appeared to neglect essential issues of therapeutic boundaries, role separation, and confidentiality. Interestingly, no discussion was made by Jang and Choi (2012) of the relationships that the adolescents might have formed with the therapist nor of the containment that the therapist might also have provided. Instead clay seems to have been proposed as the central vehicle for change.

### **Art therapy as a systemic intervention.**

The link between the art therapy and the child's wider system was a recurrent theme. Given the integral systemic nature of therapeutic work with children it is of interest that the papers diverged in their consideration of systemic factors. Chilcote's (2007) work in Sri Lanka had a particularly strong systemic element. She embedded her practice within the school system with the hope of enabling change to be nurtured and sustained. Chilcote (2007) encouraged conversations and expressions of feelings about the tsunami between school staff and the children to facilitate their ongoing processing of the trauma. The success of this approach however is unknown given the absence of follow-up data. Nor is it easy to disentangle the unique contributions of this and the art therapy itself.

ter Maat's (1997) inclusion of parents within the therapeutic process also appeared to be important in broadening the impact of the therapeutic work outside of the art sessions, describing sharing the group experience with the children's parents through anonymised artwork and therapeutic letters. Although ter Maat (1997) reported increased parental awareness following this; "The parents were surprised at the intensity of feelings expressed

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and the depth of the children's losses" (p. 18), how this awareness was then managed or addressed was not stated. Sutherland et al. (2010) also focused on the benefits of close liaison with school staff in modelling collaborative working for the pupils. The therapists' seeking of consent from class teachers emphasised from the outset their systemic perspective. They reported involving teachers in regular updates and sharing learning from art therapy to enable staff to better support the pupils' emotional engagement in lessons. It was within that context that they argued for the centrality of therapy provision at school not in a clinical location. Gibbons' (2010) whole class intervention focussed on enabling the culture of the class to shift. Gibbons (2010) also argued that involving the class teacher was key in bringing the group together and that the intervention was only made possible because of this existing systemic relationship.

Pleasant-Metcalf and Rosal's (1997) systemic position was evident in their assertion that art therapy in schools should primarily support pupils' academic performance and in their extensive inclusion of staff observations and frequent reports of pupil academic performance in their outcomes measurement. Wolf (1975) and Roje (1995) similarly described art therapy as being part of the fabric of the school. Rozelle (1982) argued that art therapy provided a space to make links between the child, the materials, and the therapist in the hope that this would generalise to greater connectedness in other areas of the child's life. Despite this strong systemic underpinning strikingly no feedback was reported from the child's parents post-intervention.

Welsby (1998) was the only author to consider the positive implications of systemic working on her own professional practice. She crucially acknowledged that this connectivity provided her with a vital professional network for support and accountability. Furthermore she proposed that such embedding increased staff understanding of the role and benefit of art



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therapy for pupils thereby improving awareness more broadly of the impact of mental health on learning and academic progress. In addition, Welsby (1998) emphasised the central role of networking within the context of ensuring safeguarding. It is somewhat unsettling that these issues were not acknowledged by the other authors. There is a concerning lack of embedding of the art therapy within the child's network in Druckenmiller's (2002) paper.

This is particularly striking given that the therapy lasted for a whole academic year.

Interestingly, Herrmann (1995) was the only author to have raised some of the challenges of working systemically within schools, including tensions that may arise when schools struggle to embrace interventions in which there are no grades or set items to be taught and which are delivered within a private, safe, protected space.

### **Art therapy as directive and non-directive.**

The studies reported the use of directive and non-directive approaches with some using both within the same intervention.

### **Mixed directivity.**

Chilcote's (2007) work in Sri Lanka with child tsunami survivors included both directive and non-directive approaches. Session topics were suggested to provide a focus for the children's drawings. Within these the children could choose whether to create an image of the tsunami or not. Chilcote (2007) suggested this enabled them to begin to regain a sense of control and agency over their decision making. Chilcote (2007) appeared to favour combining directive and non-directive practices arguing that by using art to connect with trauma indirectly, the trauma was made more manageable for the children. Within ter Maat's (1997) study eight of the ten sessions were given pre-ascribed topics such as memories of the past and the grief process. ter Maat (1997) wrote that "structured art therapy was instrumental

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in unblocking censored verbal material and speeding up the therapy process” (p. 18). She did not however detail any mechanisms by which this unblocking might have occurred.

Mooney (2000) stated clearly the directive and non-directive elements of the therapy. Topics were given and the child chose how to respond within the art and verbally to the theme presented. Jang and Choi (2012), Stanley and Miller (1993), and Sutherland et al. (2010) also described mixed interventions involving structure and free expression. Specific activities were employed to help increase confidence, identity, connections, and belonging such as the hand mural and draw a road tasks (Sutherland et al., 2010).

### **Directive approaches.**

Pond (1998) described a directive intervention in which selected materials were provided for particular therapeutic purposes: resistive materials were given to enhance the children’s reflections (Lusebrink, 1990) on their interpersonal interactions and their maintenance in their experiences of loneliness. Gibbons’ (2010) whole class Circle Justice intervention was similarly directive in its eight week structured programme. Darrell and Wheeler (1984) also described structured tasks for each session and Kearns (2004) referred to using specific materials to elicit particular stimulation. Kearns (2004) focussed on the therapeutic need for the sessions to have a clear format and routine. Likewise, Rosal’s (1993) cognitive behavioural art therapy intervention appeared very structured in its content and use of materials. This notably contrasted with Rosal’s (1993) non-directive psychoanalytic art as therapy comparison group which was described as free flowing despite utilising the same art materials.

### **Non-directive approaches.**

Pleasant-Metcalf and Rosal (1997) reported sessions focusing on the difficulties that the child wanted to address. Likewise, Harber (2011) noted the importance of allowing the

client to feel in control to facilitate change and deepening of the therapeutic relationship. Whilst outlining an intervention which followed a suggested pattern for working with children who have experienced disasters, Roje (1995) emphasised the importance of the therapist adapting her interactions accordingly to the needs of the particular child. Rozelle's (1982) work appeared to be similarly balanced, detailing an environment in which the therapist closely attuned to the client within his art work, verbal, and nonverbal expressions.

Given these variations in approaches it is uncertain what impact the level and type of direction from the art therapist has on the effectiveness of the intervention or on the reported outcomes. Questions thus arise within all of the papers regarding which way of working is more useful for whom and in what contexts. It might in fact be that the more essential action is the attunement (Winnicott, 1973) and responsiveness of the therapist to the client's individual needs for more or less direction, rather the adoption of a predetermined approach.

### **Art therapy as therapy.**

A final theme appeared to relate to how art therapy was presented to the children. The authors emphasised the importance of distinguishing art therapy from an academic exercise, in particular the absence of right or wrong responses within the therapy. Chilcote (2007) described her art therapy work as "... a group for sharing feelings by drawing, painting, and talking about things" (p. 158). Wolf (1975) detailed therapists being intentionally called "art teachers" and therapy as "Individual Art Class" (p. 256). Although such styles may be commended for their destigmatising objectives, concerns about informed consent and assent are underlined. However, given the date of Wolf's (1975) study it is hoped that such approaches would now be less likely to occur within the current context of clinical accountability.

### **Brief Methodological Critique**

#### **Client selection and referral sources.**

The quality of all of the studies was limited by small participant numbers. Clients' demographic and background case information was frequently variable. Participant details were not given within ter Maat's (1997) paper making neither generalisability nor transferability possible. It was often unknown what other input the children might have been receiving that could have contributed to any of the reported changes. It was unclear exactly how the children within Chilcote's (2007) Sri Lankan study were selected for the intervention as intra and inter-group variables were not controlled for. Furthermore, many of the studies appeared vague in their presentation of therapeutic goals. It was sometimes uncertain why art therapy had been selected for that child or group and therefore what, in particular, it was hoped art therapy would achieve.

#### **Intervention replicability.**

Creativity and tuning into the child's particular needs featured heavily within the studies and seemed an integral part of art therapy practice but unfortunately that also makes them very difficult to replicate. None of the approaches were manualised and it was often hard to gain a clear sense of what happened in the sessions. Stanley and Miller (1993) were the only authors to provide detailed information on the materials and activities used for each session. Gibbons' (2010) group intervention seemed to be the closest to a manualised approach and is perhaps most easily replicable. Given this high level of individuality, it is very hard to know if similar reported changes would be observed if attempts were made to replicate any of the interventions. Druckenmiller's (2002) paper seemed to focus heavily on the possible diagnosis of narcissistic personality disorder and on the use of another case (Rosegrant, 1998, 2000) to inform the client work. Concerns about interpretative biases and

issues of projection seem particularly pertinent and worrying. Considering these biases, the efficacy of the work undertaken is called into question, as is the advisability of replication.

### **Outcomes measures.**

Many of the studies were limited by the lack of validated outcomes measures. Only six of the 22 papers used validated measures pre and post-intervention. Jang and Choi's (2012) and Rosal's (1993) studies were the only two using a control group. Whilst Darrell and Wheeler (1984) and Kearns (2004) used pre and post-therapy measures their usefulness in determining therapy efficacy is uncertain. Darrell and Wheeler (1984) acknowledged the absence of a control group and follow-up and this may account for their lack of clear results.

### **Validated outcomes measurement.**

The quality of Rosal's (1993) study was strengthened by the use of a pre-test to post-test control group and random allocation of participants to experimental groups. The study used the Conner's (1969) Teacher Rating Scale and the Children's Nowicki-Strickland Internal-External Locus of Control (Nowicki & Strickland, 1973) which has moderate internal consistency and construct validity. The inclusion of a personal-construct drawing interview added another dimension to the outcomes measurement but as it was specifically created for the study it likely lacked external validation. Pleasant-Metcalf and Rosal (1997) also used a measure with good internal consistency and validity pre and post-intervention (Piers-Harris Children's Self-Concept Scale [CSCS], 1969). They undertook an ANOVA and t-tests on the participants' academic grade reports. Notable increases in self-concept were observed using the CSCS, especially in the academic area. Although none of the increases were statistically significant the study is to be commended for employing such measures.

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The quality of data from Spier's (2010) eighth grade art therapy group and Stanley and Miller's study (1993) were enhanced by the triangulation of pre and post-intervention measures. Stanley and Miller (1993) included the validated School Form of Coopersmith Self-Esteem Inventory (Coopersmith, 1990), and teacher and programme director interviews. Spier (2010) used the Adolescent Coping Orientation for Problem Experiences (Patterson & McCubbin, 1996), specific image making during the first and last sessions of the intervention, parent interviews including rating specific problem behaviours for their intensity and frequency, and disciplinary referral rates.

Pond (1998) also used a validated measure to track participant change. Corcoran and Fisher's (1994) Children's Loneliness Questionnaire (CLQ) was completed pre and post-intervention, as well Pond's (1998) Self-Inventory of Loneliness (SIL) bi-weekly throughout the intervention. The CLQ is considered a reliable sociometric measure. The SIL was however created by the author, possibly without any independent validation. Increased feelings of loneliness were recorded post-intervention and were generally suggestive of the intervention not being effective. Inconsistent results were also found on the SIL. It is unclear however, whether these results were indeed an indication of the ineffectiveness of the therapy or actually reflected deficits within the SIL's ability to accurately capture change. The validity of the results is further confounded by the author's admission that the girl had received individual art therapy prior to the group intervention and the boy began individual art therapy part way through the group.

Jang and Choi's (2012) clay based art therapy intervention included both an experimental group and a control group, but did not state what was provided for the control group. The strength of the study was its data analysis: the use of an outcome measure with good validity, the testing of the homogeneity of the experimental and control groups' ego-

resilience, and the use of both descriptive statistics and repeated measures analysis of variance. However, the paper seemed to be lacking in its omission of systemic considerations. There was no mention of liaison with school staff or parents, pre or post-intervention. Nor were the practical implications of the pupils' increased ego-resilience explored. Qualitative changes observed by the therapist within the group sessions were detailed but whether the pupils themselves were able to recognise similar improvements is unknown. The external qualitative consequences of the results for the pupils outside of the art therapy group were not detailed.

### **Absence of validated outcomes measures.**

In contrast to the above studies, the remainder relied heavily on art therapist recorded change without data triangulation or thorough data analysis. Several studies detailed outcomes solely from the art therapist's perspective (Chilcote, 2007; Druckenmiller, 2002; Evans, 1998; Harber, 2011; Herrmann, 1995; Roje, 1995; Wolf, 1975). Kearns' (2004) results indicated a change in the client's positive behaviour but it is unclear what mediated the observed change. On the days when more positive behaviours were recorded were there other factors at play aside from the art therapy sessions? How causal association was inferred is unknown. Similarly, the necessary conditions for the reported changes to occur were not detailed.

Four of the papers (Gibbons, 2010; Mooney, 2000; Rozelle, 1982; Welsby, 1998) included the perspective of an additional significant adult to the child (parent or teacher) in reviewing the effectiveness of the therapy but only three involved the participants themselves in outcomes analysis; Chilcote (2007), Gersch and Goncalves (2006), and Sutherland et al. (2010). This is particularly striking given the recurring theme of art therapy enabling greater

expression and articulation. Notably, this newly acquired depth of communication was not then used to give voice to the children's experience of change following art therapy.

### **Discussion**

#### **Summary and Implications for Research and Practice**

This review examined the existent literature describing school-based art therapy. A total of 22 studies covering individual and group interventions were critiqued. Attachment and sense of self theorising dominated the theoretical basis of many of the interventions, although not more recent attachment and mentalisation theory (e.g. Allen et al., 2008) and it was not always clear what was meant by sense of self. These processes were reported as influencing the children's engagement with the art materials and their individual emotional development. Systemic thinking also appeared to inform much of the therapeutic work, though was notably absent in some papers. The contrast in the level of embedding of the therapy within the school settings was surprising. Where liaison with the wider system, including parents and teachers, was present, data triangulation strengthened the results.

The overall quality of the papers was surprisingly poor. This was predominately due to low participant numbers, inadequate reporting of change and use of outcomes measures, and lack of methodological transparency. Artwork was relied on too heavily along with therapist reports to track client change. The lack of information detailing precise procedures followed within the therapy and their rationale was pronounced. Questions frequently arose within the studies regarding how the art therapy was considered to be helping the child to address particular difficulties, in what contexts the change was observed, who measured the change and why, and if and how the reported changes were sustained.



Despite the outlined shortcomings, the studies highlighted a number of potentially important processes within the interventions described, which suggest areas for further enquiry. The use of art to enable the children and young people's emotional expression was proposed as central, concurring with the wider body of art therapy literature (Karkou, 2011; Malchiodi, 2013; Rubin, 2005). In line with Rogers (1957) emotional acceptance seemed important in facilitating improved emotional understanding and regulation. Child-centred approaches were frequently described within directive and non-directive practices. Whilst this level of individuality appeared to be commended by the authors and may have improved engagement, replicability and generalisability of the findings were unfortunately impaired by the level of variability in practice. In line with other authors (Charura & Paul, 2014; Clarkson, 2003; Rogers, 1957), several of the papers positioned the therapeutic relationship as the central mechanism of change. The provision of a containing, attuned, boundaried, consistent adult remained an important feature. Within the context of early intervention and increased mental health provision in schools these themes provide an important basis for guiding future research into the effectiveness of art therapy in schools.

### **Limitations of the Review**

A breadth of school-based art therapy interventions were explored within this review. Increasing use of outcomes measures within the therapeutic work can be observed across the decades. Despite this commendable shift, the overall quality of the studies remained low. Conclusions are thus limited. Caution needs to be exercised in generalising the findings to current practice, particularly given the American bias of the literature. It is of interest that many of the challenges that Bush (1997) outlined nearly two decades ago, have not yet been adequately addressed; the challenge of objectifying the aims and goals of the therapeutic

work, and perhaps most importantly the continued paucity of research on art therapy in schools.

### **Future Directions**

The variations within interventions across studies made identifying core elements of effective school-based art therapy difficult. Sutherland et al. (2010) acknowledged this in asserting that “both process and outcome research are urgently needed” specifically to do with mechanisms of change (p. 73). Similarly, Bush (1997) highlighted the need for greater clarity about processes and outcomes. Gersch and Goncalves (2006) recognised the need for greater data triangulation, in particular the inclusion of parent, teacher, and art therapist perspectives.

The following areas for future research have therefore been identified:

1. Identification of mechanisms of change within school-based art therapy to enable improved theoretical understanding of current practice and the measurement of any expected change.
2. Identification of core target problems in which art therapy in schools can support children and young people.
3. Exploration of children’s experiences of school-based art therapy and improved data triangulation to facilitate more effective intervention provision.
4. Increased use of validated outcomes measures to enable identification of consistent areas of change within children following art therapy in school.

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5. More detailed research into the systemic impact of embedding art therapy in schools, on pupils' learning and academic progress.
6. Experimental or quasi-experimental studies to enable greater internal validity.

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Section B: Children's Experiences of Art Therapy. How was Art Therapy for You?

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### **Abstract**

This study aimed to explore children's experiences of art therapy in order to create a theory of change processes within school-based art therapy. A total of 14 children were interviewed at two different schools, along with their parents, teachers, and art therapists. All children had received art therapy within the last 12 months. Semi-structured individual interviews were undertaken with 40 participants. Children completed a craft activity within their interview as a visual expression of their therapy experience. Interview data was analysed using grounded theory methodology.

The results generated three theoretical models. The first model highlighted the systemic nature of the art therapy as well as describing it as mysterious. Model 2 described the processes within art therapy, focusing on the individualised child-centred nature of the intervention. Art doing was considered central to the children's expressions and developing understandings. Model 3 described the trajectory of change for the children.

The study recommends that psychologists consider art therapy for children who are struggling to verbalise their difficulties; that clinicians focus on therapeutic experiences being fun and enjoyable for the child, as well as embedded within the child's system; and lastly that clear target problems are identified at the start of therapy.

Key words: art therapy, primary school, children, grounded theory

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## Introduction

### Early Development

The psychological models within attachment theorising have highlighted the centrality of healthy attachments in supporting a child's cognitive, emotional, social, and physical development (Bowlby, 1979; Winnicott, 1973). Children who receive consistent, contained, attuned care and love in infancy have the necessary base from which to progress through the typical developmental milestones (Bion, 1967; Gerhardt, 2004). They are ready and able to engage with learning (Geddes, 2006; Sroufe, 1986) and tend to grow into confident, robust, flexible young adults (Bowlby, 1979, Levy & Orlans, 1998; Main & Cassidy, 1988).

However, parental ill-health, trauma, poverty, loss, domestic violence, and bullying for example, all challenge a child's development (Field, 2010; Geddes, 2006; Horgan, 2007; Osofsky, 1999; Perry, 1994, Schore, 2001). When children are tired, anxious, fearful, sad, or hungry, effective learning is impacted. (Bombèr, 2007; Green, McGinnity, Meltzer, Ford, & Goodman, 2005; Greenhalgh, 1994; Parry-Langdon, 2008). To embrace opportunities within educational settings, a child needs to feel contained and safe (Geddes, 2006), to see themselves as capable learners (Dowling, 2014), with a sense of agency (Bandura, 1982). Sadly, many adults experiencing mental health problems report the emergence of these difficulties in childhood (Kim-Cohen, Caspi, & Moffitt, 2003).

### **Mental Health in Schools**

Early intervention agendas (Allen, 2011; Field, 2010) and policies such as Every Child Matters (Department for Education & Skills, 2003), Targeted Mental Health in Schools (TAMHS) (Department for Children, Schools, & Families, 2008; Department for Education, 2011), Children and Young People's Increasing Access to Psychological Therapies (CYP-IAPT) (Young Minds, 2011), as well as Pupil Premium funding (Department for Education, & the Education Funding Agency, 2014) have attempted to tackle these problems whilst children are in their infancy. However, perhaps related to recent cuts to Child and Adolescent Mental Health Services (CAMHS) teachers are increasingly reporting the effects of child emotional ill-health in the classroom (Burns, 2015).

Pettitt's (2003) evaluation of effective joint CAMHS and schools working noted that 76% of CAMHS clinician respondents said they worked in primary schools. These were predominantly clinical psychologists with art and play therapists representing a much lower percentage. Schools are working more closely with mental health services and the private and voluntary sectors in order to support children's emotional needs (Atkinson, Lamont, & Wright, 2010; Fazel, Hoagwood, Stephan, & Ford, 2014; Picciotto & Mattison, 2013).

For some children, school can provide a chance for reparative relating and act as a secure base to enable a readiness for learning (Bombèr, 2007; Geddes, 2006). School staff can offer the crucial scaffolding (Bruner, 1978) and zones of proximal development (Vygotsky, 1978) often absent in early home life. Seen by some as an optimum environment for the delivery of therapeutic work (Department for Education, 2010; Fazel, et al., 2014), many schools now offer a range of interventions to directly support children's mental health including counselling, play therapy, and art therapies. Moore's (2011) Bristol CAMHS Commissioners' evaluation of the local TaMHS Project described the collaborative working

of art therapists and concluded that the interventions led to enhanced emotional wellbeing of the children involved, with noticeable improvements in social and academic areas.

### **Children's Art Therapy**

Malchiodi (2013) describes art therapy as an encounter in which the therapist supports a client's exploration of art materials and concurrent emotional processing. Through art therapy children can experience themselves and their environments differently, enabling new meanings to be felt and expressed (Kramer, 1971; Machiodi, 1999; Rubin, 1984, 2005).

Malchiodi (1997, 1999) argues that it is within the expressive potential of the art materials that the child's agency and self-discovery are released. The therapeutic emphasis is thus on non-verbal artistic expression, the insufficiency of words, and the narrative need for imagery (Councill, 2013; Karkou, 2011; Levick, 1986; Malchiodi, 2013; Pifalo, 2007; Springham, 2012). Mirroring (Kuhns, 1983) and affective attunement (Winnicott, 1973) are considered vital. Art therapists place emphasis on the intersubjective experience, supporting experiential work at a much earlier age of development than the child's chronological age (Stern, 1985; Trevarthen, 1993). Art therapy is thus considered to be helpful for children whose early experiences have been traumatic or difficult, as much of their mental processing remains at a non-verbal level, because of trauma associated social and emotional delays (Rubin, 2005).

The developmental theories, Rogers' (1951) person-centred approach, and psychodynamic attachment oriented practices (Bowlby, 1979; Winnicott, 1973), explain the helpful elements of art therapy processes. Research suggests that school-based art therapy can help children with for example, processing of trauma (Chilcote, 2007; Roje, 1995); communication development (Evans, 1998); improving ego resilience (Jang and Choi, 2012), and improving behaviour (Rosal, 1993). There are several case studies that give insight into



processes but they tend to be unsystematic and mostly from therapist viewpoints (Deaver, 2002; Gilroy, 2006; Kapitan, 2010; Malchiodi, 1998, 2013). Outcomes reporting whilst improving, has frequently been poor and neglectful of children's own experiences (Chilcote, 2007; Druckenmiller, 2002; Evans, 1998; Harber, 2011; Herrmann, 1995; Roje, 1995; Wolf, 1975). Despite such shortcomings, the limited but increasing research base has highlighted the possibilities for new emotional expression and self-understanding arising from art-making (Chilcote, 2007; Gersch & Goncalves, 2006; Jang & Choi, 2012; Sutherland, Waldman, & Collins, 2010). This appears particularly important for children and young people given the therapeutic non-reliance on the verbal. Existing research varies in the extent to which systemic factors are considered which is of concern given the intrinsically systemic nature of children and young people's lives. Studies such as Chilcote (2007), Pleasant-Metcalf and Rosal (1997), Sutherland et al. (2010), ter Maat (1997), and Welsby (1998) all used systemic working to enhance the art therapy interventions, whereas other studies appeared to ignore such factors (Druckenmiller, 2002; Jang and Choi, 2012).

Whilst Pettitt's (2003) evaluation highlighted that shared understandings of professionals' roles and clinical work supported good practice, Brown's (2005) survey of art therapists in CAMHS, found that only 38% reported liaising with other professionals specifically about their therapeutic work. Brown (2005) also noted that although 85.7% of the art therapists described colleagues using art materials in their practices, it was felt that many lacked understanding in the effective use of these resources. Conversely, art therapy has historically been viewed by many clinicians as a mysterious and unknown profession (Rubin, 2010; Malchiodi, 2012).

Malchiodi (2013) and Wilson (1996) recognise that partnership with other professionals to develop their research base is crucial for art therapy's professional

credibility. Health and Care Professions Council (2013) guidelines for arts therapists affirm the need for greater research, inter-professional collaboration, and involvement of experts by experience. The Arts Council England (2007) also encourages research into the use of the arts to facilitate more effective clinical working, asserting these can assist and develop communication between professionals, service users, and carers.

The National CAMHS Review (Department of Health, 2008) reported that children feel inadequately heard, without a voice to meaningfully express their experiences. Young Minds, CYP-IAPT, and The Children and Young People's Mental Health Coalition are examples of children and young people being effectively supported to contribute to mental health provision. However, further progress is needed to enable more children to feel their views and experiences have been listened to and acted upon. New conversations are needed, opening up dialogues between stakeholders, in particular to elucidate children's experiences of art therapy, alongside those of their parents and art therapists.

### **Rationale for the Study**

Research on children's experiences of art therapy remains limited and often lacking qualitative rigour, primarily through poor methodologies and overreliance on therapist perspectives (Deaver, 2002; Gilroy, 2006; Kapitan, 2010; Malchiodi, 1998, 2013). Insufficient research exists on children's thoughts and feelings about their art therapy. Literature detailing mechanisms of change remains sparse, change is predominantly therapist reported, and data triangulation is notably absent from most studies.

Qualitative research enables greater understanding of mechanisms of change, and can give expression to the fullness of participants' individual experiences. A grounded theory approach was considered the most appropriate methodology for facilitating detailed

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exploration of change, the creation of graphic models of these processes, and a theory of art therapy from the children's vantage points with triangulation from other sources. The creation of a substantive theory from this study might inform psychologists' understanding of the use of art therapeutically with children, increase the effectiveness of collaborative working between art therapists, education staff, and child mental health professionals, and highlight key processes of change at work within children's art therapy.

### **Research Aims**

The study aimed to create a model of children's art therapy process from multiple perspectives: child, parent, teacher, and art therapist.

#### **Research questions.**

1. How do children experience school-based art therapy?
2. How do the children's difficulties change or stay the same – as perceived by the children and others - during and post-art therapy?
3. What do the children report as helpful and unhelpful about art therapy?
4. What role are the art materials perceived to have in the process of change?

### **Method**

#### **Research Design**

A qualitative, non-experimental design was used. Data triangulation was sought by interviewing children, their parents, teachers, and art therapists. Semi-structured interview schedules (Appendix G) with open-ended questions facilitated a deepening of the data and helped participants answer more freely. Familiarising questions enabled participants to acclimatise to the interview environment and develop a rapport with the researcher.

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Questions were refined throughout the study. This flexibility enhanced the theoretical sampling (Strauss & Corbin, 1998).

Data collection was undertaken at two UK primary schools. Both schools were larger than average and rated by the regulator Ofsted as “good” (Ofsted, 2015). Pupils at the first school predominantly came from White British backgrounds, typical of the local population. The second school was in an area of high ethnic diversity with high deprivation. A minority of children were White British and many children had English as an additional language. Art therapy had been provided within both schools for several years, the first employing an art therapist one day a week. The second employed their main art therapist four days a week and regularly provided trainee art therapist placements.

### **Participants**

A one-to-one interview was held with each of the 40 participants, including 14 children (six boys and eight girls) aged 7 to 11 years-old who had received art therapy within the last 12 months. All children had one parent participate and one child had two. Eight teachers were interviewed, two speaking about the same child. One teacher talked about a child (Child 15) who did not end up participating due to familial difficulties and his parent, having given consent, also did not participate. One teacher spoke twice about two different children. Three art therapists described their work with five children. A total of 43 interviews were thus completed. To preserve confidentiality schools are not detailed within the demographic information (Appendix C). Children who reported positive change and those who reported no change or unhelpful experiences were approached to allow for negative cases (Strauss & Corbin, 1998). To ensure sample heterogeneity children with a range of presenting problems were included.

### **Interview Schedule**

Interview schedules were created following a literature review, discussions with the study supervisors, CAMHS and education professionals, and piloted with two clinical psychology trainees. The questions were designed to elicit data relating to the research questions (Strauss & Corbin, 1998).

### **Procedures**

The researcher contacted the British Association of Art Therapists (BAAT). Art therapists working within primary schools who expressed an interest in the study were provided with project information. Initial meetings were held with several art therapists and two schools agreed to participate. A pilot interview was conducted with an art therapist from a third school. The art therapists, Special Educational Needs Co-ordinator, and School Support Worker within the two schools approached parents seeking their initial consent to participate and provided project information (Appendices E, F). Consent was given by all parents for their own and their child's participation. Assent was provided by all children. Verbal consent was given by one parent due to illiteracy. School staff took additional time to discuss the project with this parent to ensure informed consent, feeling strongly that efforts to gain written consent would have resulted in disengagement. Given this parent's history of difficult interactions with professionals they were keen to facilitate participation. All participants were interviewed at their child's school. A few parents chose to attend an introductory meeting to discuss the project prior to interview.

Parent interviews ranged from 9 to 40 minutes. Child interviews lasted between 20 and 46 minutes. Some participants were expansive in their responses while others were much briefer, generating over 17 hours of data. Children were invited to create an image using craft

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materials describing their experience of art therapy, during their interview, to facilitate the expression of their experiences and thus enable deeper understanding of their perspectives.

Their images are given in the results and Appendix J.

All participants were debriefed according to British Psychological Society (BPS, 2010) guidelines. Child participants received a craft kit and parents a £10 gift voucher. Participants' reflections on the interview process are summarised in Appendix K. Participants could choose to receive study results in person or by post. The children were invited to make a poster summarising the results as in Appendix R.

### **Quality Assurance**

Quality guidelines (Appendix H) were followed throughout (Chiovitti & Piran, 2003; Mays & Pope, 2000) providing rigour and grounding the theoretical development within participants' experiences. Fair dealing of participant quotes was followed within the results. A bracketing interview was undertaken before data collection and revisited during the study. Reflective supervision, peer supervision, a reflexive research diary (Koch, 1998), and an arts based journal (Appendix I), all aided theoretical sensitivity by deepening the author's awareness of potential biases including her personal interests in art, mental health in schools, and social justice. These tools enabled the author to maintain a curious and open position, whilst recognising the co-created nature of the data, the unfolding analytic process, and resulting theoretical understandings. Retaining a clear sense of the impact of this constructivist epistemological position (Charmaz, 2006; Pigeon & Henwood, 2003) was essential.

### **Ethical Considerations**

Ethical approval for this study was given by Canterbury Christ Church University (Appendix D). BPS codes of Human Research Ethics (2010) and Ethics and Conduct (2009), and safeguarding principles (Department for Education, 2013) were upheld. Parents and teachers acted as gate-keepers (Shaw, Brady, & Davey, 2011) to ensure appropriate participation. Gate-keepers were not present during child interviews to enable participants to speak openly, without concern for potential gatekeeper criticism or comment (Shaw et al., 2011).

### **Data Analysis**

Strauss and Corbin's (1998) grounded theory methodology was used, and 41 of the 43 interviews were audiotaped and transcribed. Two were not recorded because circumstances prevented this. Line by line coding (Appendix L) was undertaken for 33 interviews and focussed coding for the remainder. Constant comparisons of the child, parent, teacher, and art therapist data sets strengthened the substantive theory (Appendix M). Participants' quotes were clustered early on to support coding and the emergence of categories (see Appendix M). Coding and theory development was regularly reviewed with supervisors. No disagreements in data interpretation arose. All original transcripts were re-checked after theory development to enhance theory validation (Appendix N). Slices of data (Strauss & Corbin, 1990); interview data and interview images aided theoretical saturation (Dey, 1999). Memos (Appendix O) enhanced theory development. Respondent validation (Appendix Q) was undertaken with four participants (a child, parent, teacher, and an art therapist).

### Results

The research questions were used to guide interviews but are not directly addressed within results or discussion sections because of their potential to constrain theorising. Main categories are presented. An example of the children's interview images is provided below.



Figure 3. Child 11's interview image. This figure illustrates the castle created by Child 11.

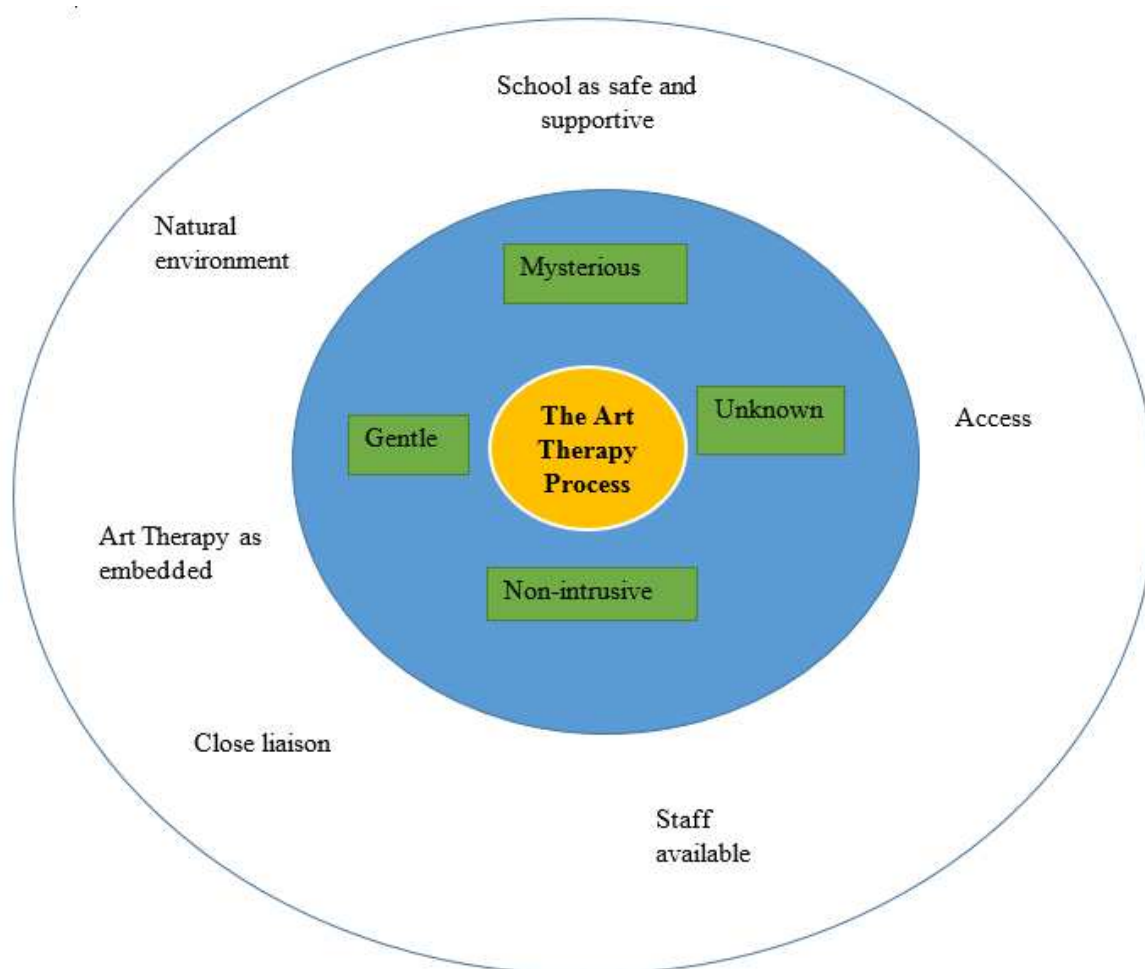
### Models and Detailed Analysis

Three models were generated from the theoretical coding. Model 1 describes the systemic context of the art therapy; Model 2 the processes within the therapy; and Model 3 the trajectory of change for participants.



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### Model 1: The Wider Context in Which the Art Therapy Takes Place



Model 1 shows the systemic context of the art therapy; embedded within the wider school environment. Although depicting connectivity with supportive school systems, art therapy occupies a distinct space within this network. Its separation embodies its non-intrusive approach and perpetuates its mysterious and unknown persona.

#### **The school environment.**

The provision of the art therapy within the school seemed important to many parents and teachers, who spoke of school being a natural, non-intrusive, accessible setting in which

## ART THERAPY IN SCHOOLS

to provide therapy. This contrasted notably with their descriptions of clinic settings as intimidating and stigmatising.

P13 (Parent of Child13): Line 430-433: ... *they [children] got noise, chaos, normal going on around them [in school] ... They don't feel like they've been pulled away and they're a bit different... Cos it's like – it's [the clinic] intrusive – it's like being spied on and you're never gonna act yourself*

### **Accessibility and liaison.**

The school provided a supportive structure to the art therapy. Liaison was a key category for the adults. Parents talked about easily approaching staff and art therapists to discuss concerns and progress during regular meetings and informal conversations. This seemed to provide both parents and teachers with containment and increased their understanding of the therapy.

P5: Line 401-406: ... *all these things [at home] that used to come up I would come straight to X [art therapist] and say "This has happened" and she'd say "Okay we'll work on that" ... They're very good. Anything I wanted to say they're – they were letting me say it*

T5-1 (Teacher 1 of Child5): Line 76-77: *it was really nice, the art therapist that was working with X [child], we'd meet every few weeks and sort of say, like it'd just be in the staff room in passing and how she was getting on*

### **Art therapy as mysterious and unknown.**

Although able to meet with the art therapist, many adults said they knew little about what actually happened within art therapy. For some this seemed to relate to ideas about it being a gentle and non-intimidating approach. However others, particularly the teachers, expressed tension between the visible presence of art therapy within the school and the lack

## ART THERAPY IN SCHOOLS

of information or understanding of the actual mechanisms at play during the therapy, compared with other interventions which seemed more transparent and integrated.

T1: Line 130-133: *... with the other members of staff that go out for interventions we have like a constant dialogue of what's going on and what we're doing in class to mirror that, but art therapy seems like this kind of wholly separate thing that they do*

P4: Line 537-539: *...see my husband was not for this [art therapy] ... He was like "Art – what's he [child] gonna get out of art?"*

### **Relationship to school.**

The children also spoke about their relationship to their school. Only one child expressed a negative view of school, with most talking about loving school which was a safe and good place.

C7 (Child7): Line 434: *I actually feel lucky because I come here [to this school], it's that good*

P8: Line 36: *oh, she [child] loves school*

### **Relationship to activity.**

Many of the children were described by the adults as doers or very active children, with preferences for physical tactile activities. When asked about the children's favourite things, the majority of participants mentioned sports, making things, or physical activities.

P14: Line 26-27: *She [child] loves football and she's very hyper. She's a very hyperactive child.*

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### Relationship to art.

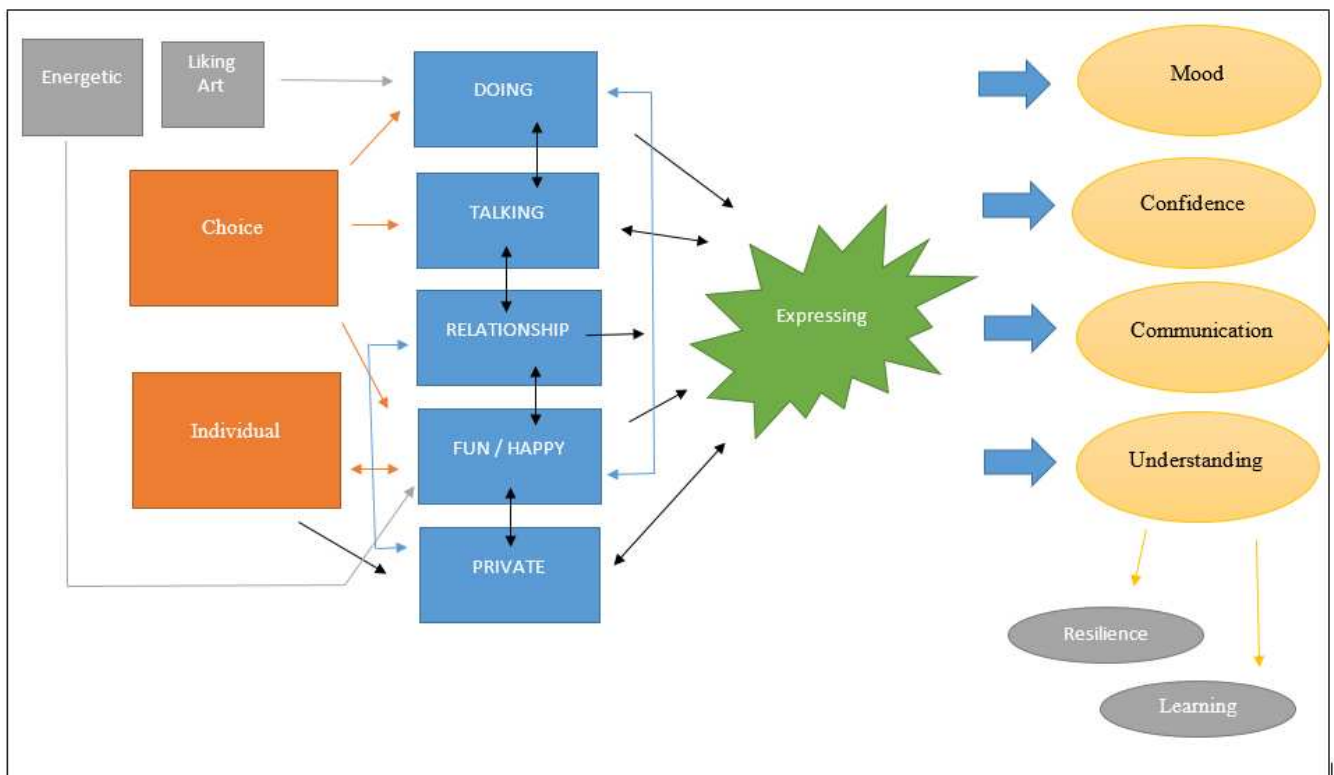
All but two of the children were considered to like art and enjoyed being creative.

Several said that art was one of the things they liked best. Two parents described their children having less positive relationships with art.

*P11: Line 286: ... she [child] could sit and do art all day*

*P9: Line 100: he [child] doesn't really like art*

### Model 2: The Processes Within Art Therapy



Model 2 portrays the core categories within therapy sessions and the changes arising from those processes. One of the strongest elements was the child-centred nature of the art therapy. This was reflected in the participants' emphasis on choice and the individualised nature of the therapy. Doing as facilitating expression was also central.

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### **Choice.**

Children's choice about what they could do, make, and talk about seemed important and appeared to provide a level of freedom and permissibility. Several children spoke about being able to do whatever they wanted to, even making a mess. It seemed to help the children feel less pressured, and have an increased sense of agency and control.

C2: Line 550: I can do anything actually. I can like, make a mess

C8: Line 569: [I got to] Choose what to do

P6: Line 317-320: *...so I think for X [child] it must be that there's less structure which he would possibly like – free flow ... For him wanting to do whatever he wanted to do ...*

Parents and teachers felt that this level of choice was a very different experience compared to typical classroom interactions and appraised this as an important element to the whole experience.

T10: Line 119-120: *... they [art therapist] take it from what the child's doing and what the child's saying and take it from there*

T5-2: Line 366-367: *And I think that's really important, that they've got that opportunity, to say nothing if they want, as well you know*

A few of the children described a mixture of directive and non-directive sessions. One child talked about actively disliking a recent intervention because that art therapist (not a participant) had not allowed him to make choices.

C3: Line 535: she [art therapist] just didn't let me do anything

### **Individualised.**

Participants talked about the importance of the sessions being one to one; providing the child with focussed attention from a listening, supportive, caring adult. This was an

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especially strong idea for the parents. Given some of the children's home contexts, several of the teachers also felt this individual time was crucial. The children's narratives created an impression of tailored sessions, where the art therapist altered her interactions to best suit that particular child. Specific materials were introduced to help individual children. Being away from their peers and the demands of the classroom also seemed important.

P3: Line 447-449: *I think it was nice for him [child] to have his own time. I don't think it would have worked as well in a group because there can be distractions in that, and he probably liked the one to one ...*

T15: Line 201: he [child] is probably absolutely loves *the fact that he's got it all to himself*

### **The activities.**

#### **Doing.**

The children spoke about using a range of art materials including paint, clay, glue, and fabric, with some saying they did their own art-making whereas others did art with the therapist.

C10: Line 875-876: *Painting, drawing, and what else ... erm, painting, drawing, making a photo*

C14: Line 40: *... papers, crayons and felt-tips*

C8 Line 270: We, we done, we done colouring

C6: Line 272: I liked to do the clay and the Lego.

Parents and teachers felt that the doing was one of the most important elements, providing a distraction for the children and facilitating their talking.

T15: Line 190-191: You know I think X [child] would have struggled to sit and talk for 45 minutes. I think the art is *the distraction at the beginning and then the focus ...*

## ART THERAPY IN SCHOOLS

T6: Line 254-256: ... *he'd [child] feel more comfortable in that sort of art, sort of surrounding doing something, talking at the same time*

P13: Line 290-292: *Yeah because like most kids ... I mean they're feeling awkward – I mean put their mind at ease – give them something to do – they want to do – and he'll just chat along while they're doing it... I think it's [art] the only way to start getting them to relax*

### **Talking.**

For some children the opportunity to talk expansively and freely seemed central. For others, the freedom to say nothing appeared just as important. Talking within art therapy was considered different to talking outside of therapy as anything could be spoken about without worry of criticism or inability to manage the emotional content of their conversations. The individualised sessions afforded privacy which enabled children to talk more openly about often very difficult subjects.

P1: Line 73-74: ... *X's [art therapist] there for you [child] to talk to if there's anything that you want to talk about ...*

C11: Line 494-498: *Um we talk about things about Daddy ... and what I've done ... and lots of other things*

AT12 (Art therapist of Child12): Line 288-290: ... *she [child] was able to talk about her, erm, her father. She was quite scared. She had nightmares and talked about how she felt about those nightmares and what was happening there and being scared*

### **Expression.**

Facilitating expression was a central aim of art therapy as viewed by the adults. Many children also said that doing art enabled them to explain things more easily, or remember things more clearly. The verbal expression appeared to follow the visual art creation. The

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autonomy given to children within their interactions with the art materials seemed to support this expressive process.

C4: Line 378: It makes me express my feelings

C11: Line 546-548: ... *because when I make stuff it helps me ... explain*

P10: Line 202-203: *X [child] can't talk properly* – she can talk but if kinda getting them words out – *and she can't explain herself* – probably she done that better in the art

P7: Line 101-102: That it [art therapy] was a way for him [child] to talk to someone about, or draw actually, his emotions and how he feels, just a way of expressing himself

Several participants described a letting out; that something from within, from the child's internal world, was able to emerge through the creative activities. This releasing and art-doing appeared distinct from structured art lessons which did not enable such processing or emotional expression.

AT4: Line 572-575: ...*I would emphasise the space to be able to feel those emotions that are not so tolerated, you know, in our households, in our schools, you know....*

### **Relationship.**

The centrality of the relationship between the child and art therapist in mediating the doing, talking, and expressing, as well as in creating change, varied amongst participants. The art therapist was seen as a helper, gentle, fair, and good at listening, someone who could be trusted and provided a nurturing environment.

C7: Line 683: Well she [art therapist] was definitely kind and she listened

C3: Line 543: she [art therapist] wasn't just fair she was fair to her [herself - the art therapist] so it worked two ways



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C4: Line 474: She [AT] was kind. She was nice and she never said "don't do that, don't do that"

C5: Line 678-679: *Yeah, and she [art therapist] like helps, so when I say I don't like this, she helps...*

The art therapists spoke of attending closely to the child. For some children, it was felt that the art therapist's containment, mirroring, and creation of a safe space through their non-critical accepting stance was a vital new experience, enabling fuller exploration of the materials and deeper self-expression.

AT6: Line 78-81: *... I was clearly there and responding, but following and not um, yeah, trying not to intrude, trying to track, track him [child], rather than um, engaging in a very vigorous way*

AT11: Line 646-650 *...we're both getting down, looking at the castle together, so we're both really close to that, and so that enables her [child] to start to feel that somebody is alongside and maybe seeing the world how she sees the world and understanding some of that, and then offering some way to communicate that to other people ...*

For a few of the participants however, the relationship was seen as secondary to the materials and some did not mention the art therapist at all.

P4: Line 495: *Maybe having somebody is important but it's not the magic thing ...*

For this parent, the magic ingredient appeared to be doing art. Although having an adult to listen to her child was important, she did not recognise any unique qualities in the art therapist and strongly believed that it was only through art-making and expressing that change had occurred.

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### **Private.**

Art therapy was viewed as a boundaried, safe, calm space; a private experience between the child and the art therapist. The extent of this privacy differed among the participants with some children sharing nothing of their sessions and others more.

C4: Line 615: but if we [child and AT] talk I just keep it between me and X [AT]

P6: Line 338-339: ... *it was very secretive the art*

T2: Line 122: *no, she'd [child] never say anything about the session or tell me anything about it*

P3: Line 167-168: ... *he [child] used to come home and say "Oh I done a wicked drawing of this" or "I done that"*

### **Appraisal of privacy.**

The parents and teachers' views on the private nature of art therapy were mixed. Several respected the child's choice not to speak and the value of the child knowing that they could say anything they wanted to the art therapist, without it being repeated elsewhere. Others wanted additional information in order to better support the child. Many parents voiced curiosity about the sessions.

T4: Line 67-68: *I didn't interrogate him [child] because I know it's not something that I um sort of put in place in the first place*

P6: Line 343-348: She [art therapist] did say some kids like to share things with their parents – *some kids don't ... It wasn't about my feelings ... it was very about X [child] and X [child] being able to feel comfortable and express what he needed to express within those four walls and with X [art therapist] and within his play... and I quite liked that ...*

### **Emotional experience.**

#### **Art therapy as a happy experience.**

With the exception of Child 3's experience with his most recent art therapist, all of the children described art therapy as enjoyable. They said it was brilliant and amazing, wanted to have more of it, and said that it made them feel happy, safe, and confident. The parents used similar words to describe how they felt their child had experienced the sessions.

C10: Line 937: I was amazed, happy, glad, fabulous, and that's all I can remember

P1: Line 78: She [child] actually loved it yeah

C7: Line 629: I didn't enjoy it, I loved it [AT]

#### **Art therapy as fun.**

Alongside the positive feelings about the sessions, the children also referred to art therapy as being fun. Their descriptions portrayed a playful quality and connected to the feelings of freedom expressed within the therapeutic doing process.

C4: Line 545-546: Because with art therapy that when I have my fun time and so then after that I'm all like calmed down and I've had my fun time in school

C9: Line 264: It was just having fun

AT12: Line 467-469: ... *you're right in there with them, you are going to get splattered and that's kind of okay, that's part of being art therapy and stuff like that. So it's quite fun!*

AT11: Line 821-822: It [art therapy] is not just having fun, it is sometimes really quite difficult for the child and sometimes people need to appreciate that

### **Reported change.**

The changes described by the participants following sessions related to four main areas: improved mood, increased confidence, improved communication, and increased understanding.

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### **Improved mood.**

The children, their parents, and teachers talked about the children being happier, more settled, calmer, and having fewer outbursts. Sleep improvements were also described.

C11: Line 530: she [art therapist] helped me learn how to calm down

C1: Line 744-745: Everything did change because I was much happier than what happened [the parental difficulties], and stuff

P9: Line 171-172: *He [child] was calming down a lot more, erm, he wasn't losing his temper*

### **Increased confidence.**

Several of the children reported feeling more confident at school and home. Their parents and teachers also noticed these changes.

C12: Line 141: It's [AT] helping me like be like more confident and all that and trusting myself

T10: Line 145-147: *...it took her [child] a while, but I think it has helped in the sense that it's given her the confidence to talk about how she feels*

P5: Line 325: *Yeah but in school it's made her really confident all the time*

### **Improved communication.**

Parents and teachers particularly highlighted the changes in the children's ability to share worries or concerns and articulate their feelings more, post-art therapy.

P10: Line 177-180: *...another that I think she's [child] learnt is that if she can't talk to me she can talk to someone else. Which I think is brilliant*

P9: Line 177-178: he [child] is talking now. Before he just bottled everything up, but he *doesn't stop talking now which is good*

## ART THERAPY IN SCHOOLS

P11: Line 222-227: Um I mean to start off with if something *happened at her Dad's she just wouldn't talk about it at all ... But we have had an incident recently and she could come straight home now and was very actually "This is what's happened, this is how I felt, this is and..."*

### **Increased understanding.**

The development in the child's understanding, of their situations and life experiences, tended to be reported by the adults rather than by the children themselves.

P2: Line 171-173: ... *because before she couldn't really, she doesn't understand why things happen so why she doesn't understand them. But I think what it is it's just the art is just making her understand a little bit...*

Several parents spoke about art therapy having increased their own understanding of their child, giving them new and valuable insights which would not otherwise have arisen.

P10: Line 306-308: You can get so much information from children with them drawing you *know whether it's sad, bad, or good, you know what I mean, but at least it helps you to umm help your child really*

AT12: Line 318–323 *Yeah, changing that [other people's understandings], that she [child] wasn't just this naughty girl who, you know, that her and she is going to be naughty forever ... And there are other options...*

### **Resilience.**

More broadly, participants expressed that art therapy had enabled the children to become more resilient and better able to cope with difficulties.

T10: Line 62: *she's [child] got strategies to cope with it*

P3: Line 400-401: But I think the art therapy helped him cope with lots of things

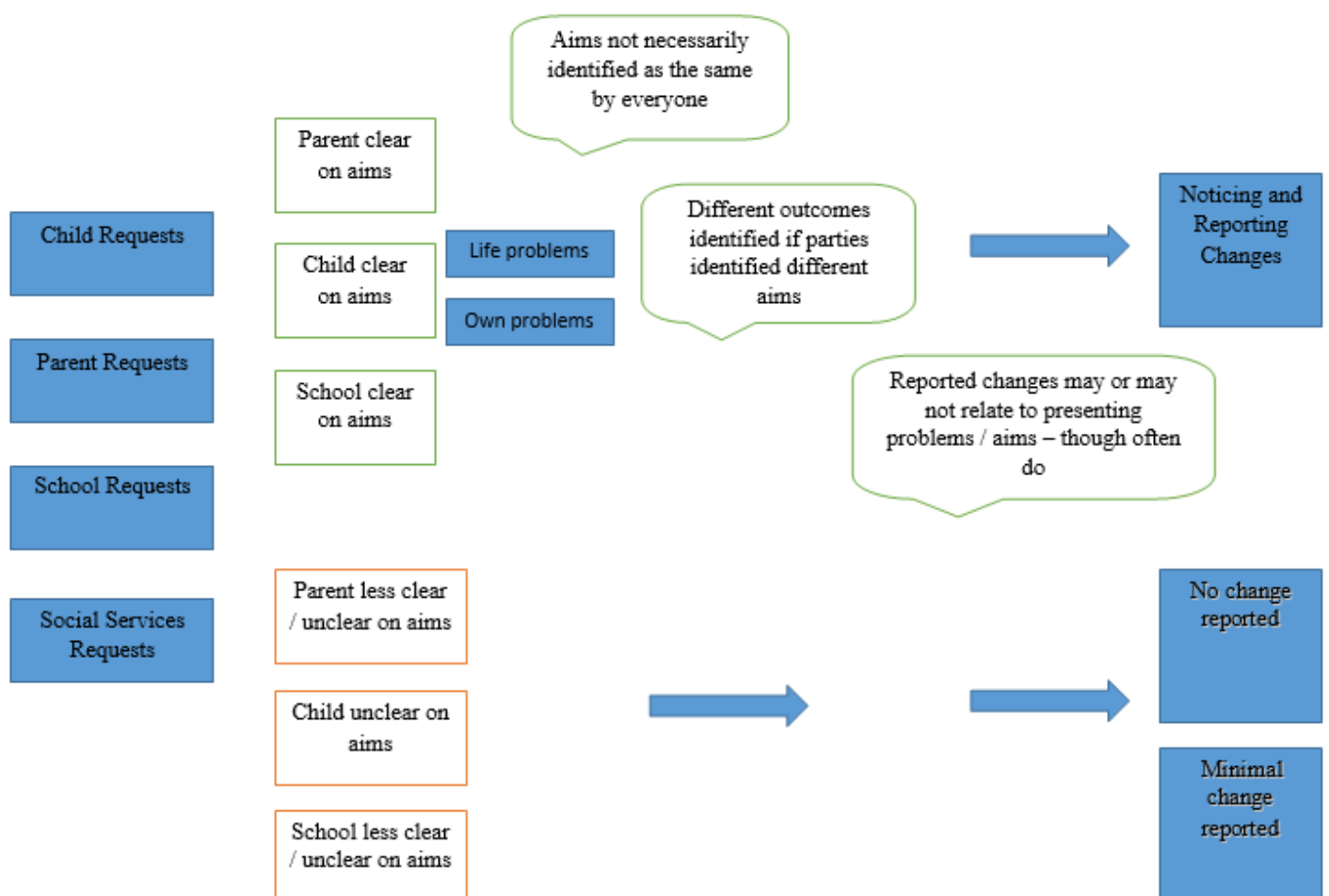
## Learning.

A wider impact of the reported social and emotional changes was reflected in the children's increased engagement in learning. Teachers and children described improved concentration, academic progress, and reduced behavioural difficulties.

T15: Line 172-174: Yeah – he [child] started to settle again. A lot of it is about head space to learn. You know, he [child] ... just engaging in the lesson

AT12: Line 355: Her [child] confidence in reading went up as she could go up in stages of what she was reading as well. So she was more able to focus on that ...

## Model 3: The Trajectory of Change



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Model 3 shows the trajectory of change for participants and the relationship of the identification of target problems or therapeutic aims to the reporting of change post-therapy. For some children everyone in their interview network reported change, for others it was observed by selected individuals only. Not all children reported changes post-therapy. Some participants described the observed changes as arising directly from the art therapy whereas others thought that additional factors had also contributed.

T5-2: Line 474-475: *You know, not just art therapy that's helped. It's been everybody's approach and all of us thinking together.*

### **Request.**

Participants described art therapy as having been requested by a variety of people. Only one child said that they had asked for help themselves. Several parents had sought support from the school and many said the school had suggested the intervention. One parent said that social services had required the provision of art therapy.

P7: Line 74-75: *...it was the school that flagged it up, and they'd noticed things in his [child] behaviour, and he has anger issues because he can't communicate*

### **Target problems.**

Within the sample, there was diversity in participants' accounts of the difficulties that had brought the child to art therapy. Therapeutic aims were not clearly articulated for all children. Some children expressed explicitly what had led them to therapy, but several were unable to describe this. A wide range of presenting difficulties were detailed in participants' interviews.

C2: Line 490: I used to hide under the table because I was sad

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C12: Line 56-62: *Umm it was going on not good ... Like um Mummy keeps crying ... and all that... And my sister kept being moody.*

### **Change reported.**

There appeared to be a connection between the presence of clear target problems at the start of therapy and the identification of change post-therapy. When difficulties had been well articulated prior to the intervention, changes were reported either by that individual or by another individual in their network. The changes observed did not necessarily relate to the presenting problems but frequently seemed to.

P4: Line 276-278: *...and then after his session on the following Friday he went into his own room and he's been there ever since. That's just like the biggest achievement and I so believe it's come of out this [art therapy]*

P12: Line 295-298: *she [child] had so much anger and as I say she doesn't seem angry any more... really doesn't seem angry anymore and I do believe that's through talking.*

T12: [child is now] cheerful and happy. Art therapy has had a positive impact on her mental health

### **Change not reported or minimal change reported.**

Several children said that nothing had changed for them after art therapy and two parents reported minimal changes.

C13: Line 262: *Mmm - no! Nothing's changed! Only being a bit better at school*

P1: Line 130-132: *Um things stayed the same... the art therapy didn't really bring out that there was any problems. It just settled everyone's mind that they [child and sister] were actually fine. Um so yes – stayed the same...*



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The children who reported no change were also the children who could not articulate why they had come to art therapy.

*C5: Line 532: I don't know why I went to art therapy*

C5: Line 691: Yeah it stayed the same

### **Discussion**

This study explored children's experiences of school-based art therapy and used data triangulation to develop a grounded theory of the mechanisms of change. The results indicated the presence of systemic factors influencing the art therapy. Core therapy processes were consistently identified across participants, irrespective of reported change (Appendix N). The data also suggested an impact of intervention goal clarity on outcome reporting. The inclusion of multiple perspectives within the study extends existing research on school-based art therapy. The findings provide support for current theoretical understandings of children's art therapy as well as indicating some areas of difference.

### **Experience of Art Therapy**

Model 2 situated art therapy as a happy and fun experience. The children's attachment to it was further highlighted by how much they missed it when it ended. Only one art therapist spoke about therapy being hard work though none of the children or parents reported this. The playful, enjoyable, child-centred nature of the sessions dominated the children's experiences to such an extent that difficult and painful conversations had little impact on their prevailing pleasurable feelings.

Art therapy was seen as distinctly different from school lessons. All children seemed released from the pressure to achieve. This was particularly interesting given the systemic importance accorded to the provision of art therapy within the school (Model 1). It seems

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likely that the privacy, level of choice, and individuality of the sessions, enabled art therapy to be experienced differently.

### **Change**

A variety of changes were reported as occurring both within the child, their parent, and the child's wider system. Model 3 arose from noticing and exploring these differences. Several children could not say why they had art therapy possibly because of developing reflective abilities, understandings of causation, and vocabularies for change (Fonagy & Target, 1997; Morton & Frith, 1995), although no obvious pattern of this emerged. Current practice within CYP-IAPT (Young Minds, 2011) and the National Institute of Clinical and Health Excellence (2015) recommends transparency and collaboration within referral processes and intervention provision. However, the child-centred nature of the art therapy may account for some children's difficulties articulating therapy aims. For example, if physical differences were the referral reason, explicitly naming this might have further exacerbated the difficulties. For others, naming the target problem was vital in establishing the privacy of the space and the relationship. For example, being explicit with Child 11 about her experiences of physical abuse confirmed art therapy as safe and her experiences as important to talk about. Lack of clarity on intervention aims did not, however, seem to have any impact on the children's engagement with the therapy. Interestingly, Model 3 indicated that unexpected changes could arise from art therapy.

### **Helpful and Unhelpful Aspects of Art Therapy**

As detailed in Model 2 some of the most helpful elements of the art therapy were choice, individual time, and being able to make things and talk. The non-directive nature of

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the therapy was emphasised, contrasting with several studies advocating the importance of directive approaches (Gibbons, 2010; Pond, 1998; Rosal, 1993). Parents also described this element as crucial in providing the child with a distinct experience.

The elements of doing, relating, and expressing depicted within Model 2 correspond very closely with Case and Dalley's (1992) and Luzzatto's (2014) proposed understandings of the centrality of image-making within art therapy and communication following image-making. Consistent with writings on art therapy with children (Malchiodi, 1997, 2012) Model 2 depicts expression as central. In accordance with existing theories of children's art therapy (Case & Daley, 1990; Malchiodi, 1997), the ability to express difficult things and come to new understandings and perspectives was also reliant on the doing / art-making processes. Expressing the non-verbal seemed to facilitate verbal expression both within the art therapy and outside. In contrast to much research advocating the centrality of the therapeutic relationship in enabling change (Rogers, 1957), this study did not position that relationship as the most important element. There were aspects of attachment relating (Winnicott, 1973) but several participants did not mention the relationship, possibly because children lacked the developmental ability (Allen, Fonagy, & Bateman, 2008) to describe the impact of the relationship further. What the study indicates is that whilst having an attuned, containing, caring adult is important (Case & Dalley, 1992), it is not the only, nor perhaps the most important aspect of the process.

The ending of therapy seemed very difficult for many children and suggests further thought is required in supporting children to manage the loss of such a pleasurable experience.

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The mysterious aspect of art therapy seemed particularly unhelpful for some teachers and parents (Model 1). In part the centrality of privacy (Model 2) perpetuated this. In line with Bush's assertions (1997), the study suggests a need for additional communication between teachers, parents, and art therapists to elucidate therapy processes more clearly and openly. Such difficulties and tensions have been reflected within broader contexts, for example with CAMHS clinicians describing difficulties understanding Art Therapy practices (Cornish, 2013). Hopefully studies like this will begin to bridge some of these gaps.

### **School Context**

In accord with Fazel et al. (2014) and Wengrower (2001) the school context was considered highly important by most parents (Model 1). Neither school was considered "outstanding" (Ofsted, 2015) but both were viewed very positively by the parents and children. Delivering therapeutic interventions within an environment which has already been established as supportive, responsive, and understanding may be key in providing the grounding for maximum therapeutic engagement and seemed to offer notable systemic containment for the teachers in their management of children's emotional needs.

### **Study Limitations**

Whilst the study was strengthened by the number of participants and level of data triangulation, the models represent the subjective experiences of only those interviewed. Transferability of findings is variable. The children's presenting problems covered a range of difficulties, although few had specific diagnoses. Two children had physical disabilities. Sample diversity is a strength however, involving three schools would have improved data richness.

## ART THERAPY IN SCHOOLS

No male art therapists were included and the parent sample was also predominantly female. Although this reflects the environment of many primary schools, generalisability of the findings is perhaps limited by this gender bias. Data triangulation could have been enhanced by interviewing every child's art therapist and class teacher. As art therapists and school staff initially approached participants, it is possible that selection-bias may have reduced the inclusion of negative cases (Strauss & Corbin, 1998) and particular experiences may have been given greater prominence than others.

Although the majority of the children had only received individual art therapy, exceptions to this became apparent within interviews; where a parent or sibling had joined some sessions or a child (Child 5) had also experienced a group intervention. Ideally only children who had received individual therapy would have participated to minimise the impact of other variables.

Quality assurance was undertaken, but it is possible that the author's identity as a researcher may have had a bearing on participants' responses and subsequent data analysis. Bracketing (Ahern, 1999; Creswell & Miller, 2000; Drew, 2004) enabled the author, for example, to increase her awareness of her own positioning; her enthusiasm for art, and her belief in the usefulness of creative expression in facilitating processing of thoughts and experiences. It is possible that the author may therefore have been biased in her analysis of the data and may have been more ready to see the positives (of art therapy) within the interviews undertaken. The author may have coded more sections of the transcripts and generated themes in accordance with these existing views. It is also plausible that the child participants may not have distinguished between the author (as a trainee clinical psychologist) and their art therapist. Although the author was explicit about these differing roles during the interviews, it is possible that if the children thought the author was an art

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therapist, they may have felt that they needed to give the author a positive view of art therapy. However, the children were able to voice negative experiences of art therapy and were vocal about if and when art therapy had not helped them.

Throughout the project the author reflected with her two supervisors on the challenges of conducting research into an allied profession's therapeutic work. The author's research diary (Appendix I) highlighted the tensions she encountered with this; feeling at times an unwanted outsider as well as feeling frustrated at the ongoing need for art therapists to engage more openly with their mental health colleagues and their seeming reluctance to do so. The author was aware of her desire to undertake research that would be helpful to both psychologists and art therapists, and not to repeat unhelpful power dynamics in which art therapy practice was scrutinised under the scientist practitioner lens and found to be distinctly wanting. It is possible that such positioning developed an advocacy element and thus the author's critical eye may have been lessened by this commitment to collaborative working. The author's thorough use of supervision and bracketing sought to reduce these personal influences on the research process.

### **Practice Implications**

This study highlights the importance of art-making in facilitating children's expression and processing of emotional and social difficulties and suggests psychologists should consider art therapy referrals when children are struggling with verbal expression of their difficulties.

When considering Pupil Premium (Department for Education, & the Education Funding Agency, 2014) funding, it will be helpful for schools to note the value attached by participants to the embedding of art therapy within the school and the improvements in

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learning engagement and academic progress reported post-art therapy. Similarly, the study informs CAMHS commissioners of the benefits of delivering therapeutic interventions within schools.

This study draws attention to the emotional experience of art therapy for children. It suggests that clinicians need to pay more attention to the creation of fun, playful, enjoyable sessions. It is likely that this dimension of an intervention may be just as important in change processes as the therapeutic relationship.

This study suggests that before children can articulate what had changed for them, they need to have understood why the intervention was provided. Within the current outcomes and participation agendas, clinicians may benefit from adapting their practice accordingly.

### **Future Research**

This study contributes to the existing research through its notable data triangulation. Future research could consider specifically targeting fathers. Further testing of the models would be beneficial within other primary schools as well as secondary schools. The value accorded by participants to the individualised art therapy space, suggests that additional research is needed to examine the experiences of children within group art therapy, where different processes may occur. This study suggests that future research would benefit from using standardised measures to track children's coping skills, confidence and mood, pre and post-art therapy, as well as at follow-up. The impact of length or intensity of school-based art therapy sessions on children's experiences and reports of change could be explored further.

Further exploration of the psychological processes of change underpinning the models outlined is needed. Winnicott's (1973) theorising about the importance of enabling the child to relax enough to be able to play, and the consequent emergence of the self from that potential space of play, may underlie the fun / happy category within Model 2. Additional research could thus isolate and examine the impact of the playful, fun elements of art therapy on reported outcomes, possibly using Barnett's (1991) Children's Playfulness Scale.

Model 2's core categories choice and individual may be indicative of the art therapist working within the child's zone of proximal development (Vygotsky, 1978). In-depth observations of art therapy sessions would likely be required to test such a hypothesis.

The attachment relationship (Ainsworth, 1964; Bowlby, 1979) that the art therapist provides may be crucial for the child's progress within art therapy. Such theorising may underpin several categories within Model 2; choice, individual, relationship, talking, and private. Measuring the therapeutic alliance, perhaps with the Therapeutic Alliance Scale for Children-Revised (TASC-R; Shirk & Saiz, 1992), may be one way of capturing this possible mechanism of change. Mentalizing (Allen, Fonagy, & Bateman, 2008) may also be involved within the relationship, doing, and talking categories of Model 2. Assessing the child's mentalizing abilities over the course of therapy, for example using the Test of Emotional Comprehension (Pons & Harris, 2000, 2005), may thus be beneficial.

### **Conclusion**

This grounded theory study examined children's experiences of art therapy from multiple perspectives. Three models illustrate the processes identified within art therapy in primary schools. The importance of the systemic context was highlighted as was the need for



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clearly articulated target difficulties in facilitating children's subsequent reporting of change.

Core therapy elements were identified as child-centred choosing, individualised sessions,

doing and making, talking, expressing through doing and talking, the relationship with the

therapist, the privacy of the intervention, and the therapy being a fun and happy experience.

These elements were identified as contributing to changes in the children's mood, confidence,

communication, and understanding, leading to improved resilience and learning. The results

indicate the importance of enjoyable, child-centred, creative, and accessible interventions in

supporting children's emotional and social health.

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Section C:

Appendices of Supporting Materials

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## Appendix A

Table 1

Studies Analysed from Systemic Literature Search

Study	Country	Aims	Sample	Design	Materials	Analysis	Outcomes	Themes
Chilcote (2007)	Sri Lanka	Enabling processing of traumatic experiences of tsunami	All female: 113 children: 5 to 13 years, grouped by age in approximately 11 groups  Children identified by class teachers as displaying trauma or grief	Art therapy group  Weekly for 4 weeks  1 hour long sessions  Drawing or painting for 40 minutes followed by talking about image with the group	White copy paper, pencils, water colour paint sets, washable markers	Qualitative	Sharing of trauma and pain not previously verbalized  Regaining of a sense of emotional control  Commemorating losses from tsunami/ other events  Witnessing of collective grief  Regaining hope for the future	Letting it out  Non-verbal to verbal - expressing the previously un-sayable  Processing trauma through art  Working within the wider school system  Sharing

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Darrell and Wheeler (1984)	America	Increased sense of individuality	12 to 13 year-olds 12 students (males and females)	5 monthly sessions  Group intervention	Drawing materials	Self and ego pre and post-testing using sentence completion drawing analysis by art therapist	Improved self and other awareness  Increased self-esteem	Art therapy facilitating self-esteem
Druckenmiller (2002)	America	Therapy goals not given	15 year old male	Individual art therapy 58 sessions during one academic year	Drawing and painting materials	Therapist observations	Increased identification and expression of feelings  Increased empathy  Improved social interactions  Improved ability to manage separations	Relationship with therapist as key  Art work illustrating emotional changes
Evans (1998)	UK	Communication development	11 year old male Autistic	Individual therapy for two years frequency not specified	Drawing and painting materials	Therapist observations	Increased tolerance of experiences  Increased engagement	Materials more important than relationship  Pacing the work is vital

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							with art therapy session	Theory as key to work
							Increase in sharing moments with therapist	Responsiveness to client's anxieties
Gersch and Goncalves (2006)	UK	Therapy goals not given	10 year olds 3 males, 2 females	Individual and group sessions  Varying lengths of therapy received	Materials not specified	Child report through focus group	Improved emotional expression and regulation	Art therapy as a positive experience  Using art to express feelings  Problem solving as key  Systemic impact of art therapy
Gibbons (2010)	America	Conflict resolution within classroom and wider school environment  Increased cooperation between students	11 to 12 year olds 18 students	Whole class intervention  Weekly for 8 weeks  Delivered by two art therapists - involved class teacher	Stories, ritual, role play, mandalas, drawing materials	Therapists observations  Class teacher observations	Increased self and other understanding  Improved student relations	Importance of embedding therapy in the school environment  Mandala providing containment within the art expression



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		Increased respect between students		in all sessions				Importance of session structure
								Art providing a record of a journey
								Importance of involving class teacher
Harber (2011)	America	Increased self- expression	17 year old male	Weekly 40 minute sessions	Drawing materials, music, poetry, worksheets, collage	Therapist observations	Expression of internal world	Narrative expression as important to self- development
		Deepened self- identity		5 months of individual sessions			More coherent self-narrative emerging	Importance of person-centred approach
		Improved emotional understanding and regulation						Responsiveness to client's attachment behaviours
								Therapy does not always end as planned
								Balancing need for control

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Art therapy  
facilitating self-  
cohesion

Herrmann (1995)	Germany	Reduction in anxiety	13 year old female (blind from birth)	Frequency and length of sessions not provided	Finger paints, clay, paints	Therapist observations	Increased self-integration	Containing relationship as key
		Increased engagement in school	14 year old female (with a neurodegenerative disease - Incl. blindness)	14 year old received therapy over two years			Increased self-acceptance	Emotional acceptance as key
		Reduction in conflictual behaviours at school					Reduced anxiety	Non-reliance on the verbal
		Support with adjustment to neurodegeneration						
Jang and Choi (2012)	South Korea	Improved ego-resilience	16 students: 2 groups of 8 students	Art therapy group	Clay, clay paints	Experimental group	Increased ego resilience in experimental group	Clay as key material
		Improved emotional regulation	Low socio-economic status students	18 weekly sessions		Control group	Decreased ego resilience in control group	
			13 to 15 years old	80 minute sessions		Ego-resilience scale used pre/post intervention and one	Increased self-expression	

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			4 females and 4 males in each group			month follow-up	within group environment	
							Increased self-confidence within group environment	
Kearns (2004)	America	Reduction of sensory integration difficulties	5 year old male	Individual sessions 20 minute sessions  Early morning sessions before school formally started  10 weeks	Clay, finger paints and easel paints,	Formal Elements Art Therapy Scale (FEATS) pre and post-intervention  Class teacher observations  Use of non-therapy days as a control	Increase in positive behaviour on art therapy days  Delayed appearance of negative behaviours on art therapy days  Progression noted on the Formal Elements of Art Therapy Scale	Choice of art materials as important  Art making as a sensory experience  Art making as a behavioural regulator
Mooney (2000)	Australia	Reduction of distress following parental divorce  Improved self-esteem	9 year old male	8 art therapy sessions with another 9 year old boy  Two years later 5	Drawing and painting materials, clay	Therapist observations  Parental feedback	Reduced arguing / aggressive behaviour	Art as key to expression  Importance of directive and then non-directive elements

# ART THERAPY IN SCHOOLS

		Reduction in aggressive behaviours		individual fortnightly sessions plus two follow-up sessions		Teacher feedback	Improved engagement in class	Art as key to imagining change
		Improved emotional regulation					Increased self-confidence	
		Improved resilience					Increased self-esteem	
Pleasant-Metcalf and Rosal (1997)	America	Improved academic performance	12 year old female	Individual art therapy 10 sessions over 5 weeks	Collage making, masks, paints	Piers-Harris Children's Self-Concept Scale (CSCS) ANOVA and t-tests of academic performance	Increased self-concept	Use of directive and non-directive elements
		Adjustment to parental divorce					Increased academic performance	Improving academic performance
		Improved problem-solving skills						Artwork depicting internal change
		Improved self-concept						
Pond (1998)	America	Reduction of loneliness	One male and one female (part of a group: total 5 boys, 2 girls)	Art therapy group 8 weeks (plus additional final session)	Coloured paper, pre-cut images, sticker shapes, felt animals, markers	Child's Loneliness Scale (CLQ) - pre and post-intervention	Inconsistent results	Inconsistent findings
		Increased positive expression of needs and wants in relationships	Students 8 years old				More relaxed	Verbal communication follows art making
							Improved verbal communication	

# ART THERAPY IN SCHOOLS

				40 minute sessions	collage making	Self-Inventory of Loneliness (SIL) - bi-weekly	Increased reflection	Importance of structured approach
Roje (1995)	America	Processing of the earthquake trauma	25 children earthquake victims	Individual or group therapy	Crayons, markers, colour pencils, colour plasticlay	Therapist observations	Majority of children able to re-engage with usual activities and performance levels as before the earthquake	Drawing opens up conversations
		Increased sense of trust and safety	4 to 11 year olds	Therapists at the school for 3 months				Art enabling acknowledgement and acceptance of feelings
		Hopefulness for the future		Specific intervention durations not given			Expression of internal processes	Difficulties with ending
							Recovery from trauma of earthquake	Variability in children's progress
							Reduction in defence mechanisms employed	Art making and talking reducing distress
Rosal (1993)	America	Reduction in externality (locus of control)	36 children (17 males, 19 females)	Cognitive-behavioural art therapy/ art as therapy / control group	Paints, pencils, pens, clay, collage, construction materials	Pre-test and post-test control group	No significant reduction in externality on CNS-IE	Therapist as important
			9 to 12 year olds					Group consistency as

## ART THERAPY IN SCHOOLS

		Reduction in disordered behaviours	12 year old male - case study	Twice weekly sessions for 10 weeks  12 students in control group  4 experimental groups (2 groups for each intervention) with 6 students in each  50 minute sessions		The Children's Nowicki-Strickland Internal-External Locus of Control (CNS-IE)  Conner's Teacher Rating Scale  Personal Construct Drawing Interview (PCDI)	Reduction in disordered behaviour in experimental groups  Increased self-awareness	containing and supportive  Art making as key to developing sense of self and agency
Rozelle (1982)	America	Therapy goals not given	7 year old male - Autism  Special education setting	Individual art therapy weekly for a whole academic year	Markers, crayons, craypas (oil pastels), clay, glue	Therapist observations  Class teachers' observations	Development of object relations  Development of object constancy  Improved relatedness in class	Therapeutic relationship as key  Containment as vital for emotional discovery

ART THERAPY IN SCHOOLS

Processed  
traumatic  
experiences

Spier (2010)	America	Increased coping skills	2 females, 4 males	Art therapy group	Crayons, markers, coloured pencils, oil pastels	Mixed method, single case	Reduced frustration	Changes at home and school
		Reduction in disruptive behaviours	Private elementary school	Twice weekly for 4 weeks		Qualitative and quantative	Increased confidence	Increased verbalisation
			Average age 13.2 years	45 to 60 minute sessions: verbal checking in, planned art activity, discussion, checking out		Adolescent Coping Orientation for Problem Experiences (A-COPE): pre and post intervention	Fewer disruptive behaviours	Increased expression of feelings
						Image analysis - first and last session	Increase in positive behaviours	
						Parent interviews pre and post-intervention	Fewer disciplinary referrals	
						Disciplinary referral rates		

## ART THERAPY IN SCHOOLS

Stanley and Miller (1993)	America	Improved self-esteem and self-concept	15 year old White male	Individual art therapy	Poster board, paints, crayons, paper, beads, sequins, feathers, crepe paper, foil, glue, wrapping paper	School Form of the Coopersmith Self-Esteem Inventory (CSEI) pre and post-intervention	Increased self-esteem	Use of directive and non-directive elements
		Reduction in aggressive behaviours	Lives in group home	8 weekly sessions			Reduction in aggressive behaviours at home and school	Art as an accessible medium
		Increase in positive behaviours		45 minute sessions			Increased self and other understanding	Art as non-threatening
Sutherland, Waldman, and Collins (2010)	America				Materials not specified	Informal evaluation from school staff and students	Increased engagement at school	Importance of feelings being witnessed
								Image making developing sense of agency
	America	Greater self and other understanding and respect	Group sizes unknown	Art therapy group weekly - year long	Materials not specified	Informal evaluation from school staff and students	Improved emotional regulation and understanding	Therapy in the school environment
			Grades 3 to 12 (8 years to 18 years)					
		Develop self-management skills	17 year old male	60 minute sessions			Academic improvement in grades	Art to enable emotional expression, recognition, and regulation
		Foster co-operation between peers	12 year old female				Increased school attendance	



## ART THERAPY IN SCHOOLS

		Development of social interest					Increased graduation rates	Therapeutic relationship as key
							Increased participation in school activities	Attachment as key
ter Maat (1997)	America	Recognising and understanding thoughts and feelings related to depatriation	16 immigrant adolescents	Art therapy group	Crayons, oil and chalk pastels, coloured pencils and markers, coloured paper, tissue paper	6 question student evaluation of the group	Increased self and other	Reducing isolation through shared images
			Two groups of 8 students	Weekly for 10 weeks			Understanding friendships	Images opening up discussions
			Spanish speaking students	45 minute sessions			Increased reconciliation	Importance of session topics
							Connections to others / reduced isolation	
Welsby (1998)	UK	Emotional separation from mother	16 year old female	Weekly 45 minute sessions over two years (first year solely school based)	Drawing and painting materials	Therapist observations	Improved separation from mother	Importance of close liaison with wider systems: GP and school
		Containment in the context of significant parental mental health difficulties	Comprehensive secondary girls school			School observations	Increased emotional expression	Importance of boundaries
				Individual art therapy			Increased self and other tolerance	Importance of the therapeutic relationship

ART THERAPY IN SCHOOLS

Theory as key to work

The challenges of therapeutic breaks due to school terms

Wolf (1975)	America	Reduce risk of placement breakdown	15 year old Puerto Rican male	Individual art therapy	Drawing materials	Therapist observations	Improved self-care	Art therapy as embedded in the school culture
		Improved peer relations at school	Special education setting	6 months			Improved peer relationships	Non directive
		Reduction in aggressive outbursts		Initially weekly sessions then bi-weekly			Academic improvements	Interpretative
				One session with another student			Increased drawing in other areas	Images as expressing inner feelings
							Increased concentration and attention	Therapeutic relationship as key

Table 2  
Studies from Systemic Literature Search Analysed using the Critical Appraisal Skills Programme (2013)

	Yes	Partially / Can't Tell	No
1. Was there a clear statement of the aims of the research?	Darrell & Wheeler (1984) Gersch & Goncalves (2006) Gibbons (2010) Harber (2011) Jang & Choi (2012) Kearns (2004) Pleasant-Metcalf & Rosal (1997) Roje (1995) Rosal (1993) Spier (2010) Stanley & Miller (1993) Sutherland, Waldman & Collins (2010) ter Maat (1997)	Chilcote (2007) Evans (1998) Herrmann (1995) Mooney (2000) Pond (1998) Welsby (1998)	Druckenmiller (2002) Rozelle (1982) Wolf (1975)
2. Is a qualitative methodology appropriate?	Chilcote (2007) Druckenmiller (2002) Gersch & Goncalves (2006) Gibbons (2010) Harber (2011) Kearns (2004) Roje (1995)	Darrell & Wheeler (1984) Evans (1998) Herrmann (1995) Jang & Choi (2012) Mooney (2000) Pleasant-Metcalf & Rosal (1997) Pond (1998)	

Spier (2010)  
Sutherland, Waldman & Collins (2010)  
ter Maat (1997)

Rosal (1993)  
Rozelle (1982)  
Rozelle (1982)  
Stanley & Miller (1993)  
Welsby (1998)  
Wolf (1975)

3. Was the research design  
appropriate to address the aims of  
the research?

Gersch & Goncalves (2006)  
Jang & Choi (2012)  
Pleasant-Metcalf & Rosal (1997)  
Pond (1998)  
Rosal (1993)  
Spier (2010)  
ter Maat (1997)

Chilcote (2007)  
Darrell & Wheeler (1984)  
Evans (1998)  
Gibbons (2010)  
Harber (2011)  
Herrmann (1995)  
Kearns (2004)  
Mooney (2000)  
Roje (1995)  
Stanley & Miller (1993)  
Sutherland, Waldman & Collins (2010)  
Welsby (1998)

Druckenmiller (2002)  
Rozelle (1982)  
Wolf (1975)

4. Was the recruitment strategy  
appropriate to the aims of the  
research?

Gersch & Goncalves (2006)  
Gibbons (2010)  
Jang & Choi (2012)  
Rosal (1993)  
Spier (2010)  
Stanley & Miller (1993)  
Sutherland, Waldman & Collins (2010)

Chilcote (2007)  
Evans (1998)  
Harber (2011)  
Herrmann (1995)  
Kearns (2004)  
Mooney (2000)  
Pleasant-Metcalf & Rosal (1997)  
Pond (1998)  
Roje (1995)  
ter Maat (1997)  
Welsby (1998)

Darrell & Wheeler (1984)  
Druckenmiller (2002)  
Rozelle (1982)  
ter Maat (1997)  
Wolf (1975)

5. Was the data collected in a way that addressed the research issue?	<p>Gersch &amp; Goncalves (2006)</p> <p>Jang &amp; Choi (2012)</p> <p>Miller (1993)</p> <p>Pleasant-Metcalf &amp; Rosal (1997)</p> <p>Rosal (1993)</p> <p>Spier (2010)</p>	<p>Chilcote (2007)</p> <p>Darrell &amp; Wheeler (1984)</p> <p>Evans (1998)</p> <p>Gibbons (2010)</p> <p>Harber (2011)</p> <p>Herrmann (1995)</p> <p>Kearns (2004)</p> <p>Mooney (2000)</p> <p>Pond (1998)</p> <p>Roje (1995)</p> <p>Stanley &amp; Miller (1993)</p> <p>Sutherland, Waldman &amp; Collins (2010)</p> <p>ter Maat (1997)</p> <p>Welsby (1998)</p>	<p>Druckenmiller (2002)</p> <p>Rozelle (1982)</p> <p>Wolf (1975)</p>
6. Has the relationship between researcher and participants been adequately considered?	<p>Welsby (1998)</p>	<p>Evans (1998)</p> <p>Gersch &amp; Goncalves (2006)</p> <p>Gibbons (2010)</p> <p>Rosal (1993)</p> <p>Rozelle (1982)</p> <p>Stanley &amp; Miller (1993)</p> <p>Sutherland, Waldman &amp; Collins (2010)</p> <p>ter Maat (1997)</p> <p>Wolf (1975)</p>	<p>Chilcote (2007)</p> <p>Darrell &amp; Wheeler (1984)</p> <p>Druckenmiller (2002)</p> <p>Harber (2011)</p> <p>Herrmann (1995)</p> <p>Jang &amp; Choi (2012)</p> <p>Kearns (2004)</p> <p>Mooney (2000)</p> <p>Pleasant-Metcalf &amp; Rosal (1997)</p> <p>Pond (1998)</p> <p>Roje (1995)</p>

			Spier (2010)
7. Have ethical issues been taken into consideration?	Welsby (1998)	<p>Chilcote (2007)  Gersch &amp; Goncalves (2006)  Gibbons (2010)  Rosal (1993)  Stanley &amp; Miller (1993)  Sutherland, Waldman &amp; Collins (2010)  ter Maat (1997)</p>	<p>Darrell &amp; Wheeler (1984)  Druckenmiller (2002)  Evans (1998)  Harber (2011)  Herrmann (1995)  Jang &amp; Choi (2012)  Kearns (2004)  Mooney (2000)  Pleasant-Metcalf &amp; Rosal (1997)  Pond (1998)  Roje (1995)  Rozelle (1982)  Spier (2010)  Wolf (1975)</p>
8. Was the data analysis sufficiently rigorous?	<p>Jang &amp; Choi (2012)  Rosal (1993)</p>	<p>Darrell &amp; Wheeler (1984)  Gersch &amp; Goncalves (2006)  Pleasant-Metcalf &amp; Rosal (1997)  Pond (1998)  Spier (2010)  Stanley &amp; Miller (1993)</p>	<p>Chilcote (2007)  Druckenmiller (2002)  Evans (1998)  Gibbons (2010)  Harber (2011)  Herrman (1995)  Kearns (2004)  Mooney (2000)  Roje (1995)  Rozelle (1982)  Sutherland, Waldman &amp; Collins (2010)  ter Maat (1997)  Welsby (1998)  Wolf (1975)</p>

## ART THERAPY IN SCHOOLS

9. Is there a clear statement of findings?

Chilcote (2007)  
Gersch & Goncalves (2006)  
Gibbons (2010)  
Herrmann (1995)  
Jang & Choi (2012)  
Kearns (2004)  
Mooney (2000)  
Pond (1998)  
Roje (1995)  
Rosal (1993)  
Spier (2010)  
Stanley & Miller (1993)  
Sutherland, Waldman & Collins (2010)

Darrell & Wheeler (1984)  
Druckenmiller (2002)  
Evans (1998)  
Harber (2011)  
Rozelle (1982)  
ter Maat (1997)  
Welsby (1998)  
Wolf (1975)

10. How valuable is the research?

Gersch & Goncalves (2006)  
Jang & Choi (2012)  
Rosal (1993)  
Spier (2010)

Chilcote (2007)  
Darrell & Wheeler (1984)  
Evans (1998)  
Gibbons (2010)  
Harber (2011)  
Herrmann (1995)  
Kearns (2004)  
Mooney (2000)  
Pleasant-Metcalf & Rosal (1997)  
Pond (1998)  
Roje (1995)  
Rozelle (1982)  
Sutherland, Waldman & Collins (2010)  
ter Maat (1997)  
Welsby (1998)  
Wolf (1975)

Druckenmiller (2002)

## Appendix B

## Quality Criteria: Walsh &amp; Downe (2006, p. 114-115)

114

D. Walsh, S. Downe

Table 4 Summary criteria for appraising qualitative research studies.

Stages	Essential criteria	Specific prompts
Scope and purpose	Clear statement of, and rationale for, research question/aims/purposes	<ul style="list-style-type: none"> <li>• Clarity of focus demonstrated</li> <li>• Explicit purpose given, such as descriptive/explanatory intent, theory building, hypothesis testing</li> <li>• Link between research and existing knowledge demonstrated</li> </ul>
Design	Study thoroughly contextualised by existing literature	<ul style="list-style-type: none"> <li>• Evidence of systematic approach to literature review, location of literature to contextualise the findings, or both</li> </ul>
	Method/design apparent, and consistent with research intent	<ul style="list-style-type: none"> <li>• Rationale given for use of qualitative design</li> <li>• Discussion of epistemological/ontological grounding</li> <li>• Rationale explored for specific qualitative method (e.g. ethnography, grounded theory, phenomenology)</li> <li>• Discussion of why particular method chosen is most appropriate/sensitive/relevant for research question/ aims</li> <li>• Setting appropriate</li> </ul>
	Data collection strategy apparent and appropriate	<ul style="list-style-type: none"> <li>• Were data collection methods appropriate for type of data required and for specific qualitative method?</li> <li>• Were they likely to capture the complexity/diversity of experience and illuminate context in sufficient detail?</li> <li>• Was triangulation of data sources used if appropriate?</li> </ul>
Sampling strategy	Sample and sampling method appropriate	<ul style="list-style-type: none"> <li>• Selection criteria detailed, and description of how sampling was undertaken</li> <li>• Justification for sampling strategy given</li> <li>• Thickness of description likely to be achieved from sampling</li> <li>• Any disparity between planned and actual sample explained</li> </ul>
Analysis	Analytic approach appropriate	<ul style="list-style-type: none"> <li>• Approach made explicit (e.g. Thematic distillation, constant comparative method, grounded theory)</li> <li>• Was it appropriate for the qualitative method chosen?</li> <li>• Was data managed by software package or by hand and why?</li> <li>• Discussion of how coding systems/conceptual frameworks evolved</li> <li>• How was context of data retained during analysis</li> <li>• Evidence that the subjective meanings of participants were portrayed</li> <li>• Evidence of more than one researcher involved in stages if appropriate to epistemological/theoretical stance</li> <li>• Did research participants have any involvement in analysis (e.g. member checking)</li> <li>• Evidence provided that data reached saturation or discussion/rationale if it did not</li> <li>• Evidence that deviant data was sought, or discussion/ rationale if it was not</li> </ul>
Interpretation	Context described and taken account of in interpretation	<ul style="list-style-type: none"> <li>• Description of social/physical and interpersonal contexts of data collection</li> <li>• Evidence that researcher spent time 'dwelling with the data', interrogating it for competing/alternative explanations of phenomena</li> </ul>
	Clear audit trail given	<ul style="list-style-type: none"> <li>• Sufficient discussion of research processes such that others can follow 'decision trail'</li> </ul>



Table 4 (continued)

Stages	Essential criteria	Specific prompts
	Data used to support interpretation	<ul style="list-style-type: none"> <li>• Extensive use of field notes entries/verbatim interview quotes in discussion of findings</li> <li>• Clear exposition of how interpretation led to conclusions</li> </ul>
Reflexivity	Researcher reflexivity demonstrated	<ul style="list-style-type: none"> <li>• Discussion of relationship between researcher and participants during fieldwork</li> <li>• Demonstration of researcher's influence on stages of research process</li> <li>• Evidence of self-awareness/insight</li> <li>• Documentation of effects of the research on researcher</li> <li>• Evidence of how problems/complications met were dealt with</li> </ul>
Ethical dimensions	Demonstration of sensitivity to ethical concerns	<ul style="list-style-type: none"> <li>• Ethical committee approval granted</li> <li>• Clear commitment to integrity, honesty, transparency, equality and mutual respect in relationships with participants</li> <li>• Evidence of fair dealing with all research participants</li> <li>• Recording of dilemmas met and how resolved in relation to ethical issues</li> <li>• Documentation of how autonomy, consent, confidentiality, anonymity were managed</li> </ul>
Relevance and transferability	Relevance and transferability evident	<ul style="list-style-type: none"> <li>• Sufficient evidence for typicality specificity to be assessed</li> <li>• Analysis interwoven with existing theories and other relevant explanatory literature drawn from similar settings and studies</li> <li>• Discussion of how explanatory propositions/emergent theory may fit other contexts</li> <li>• Limitations/weaknesses of study clearly outlined</li> <li>• Clearly resonates with other knowledge and experience</li> <li>• Results/conclusions obviously supported by evidence</li> <li>• Interpretation plausible and 'makes sense'</li> <li>• Provides new insights and increases understanding</li> <li>• Significance for current policy and practice outlined</li> <li>• Assessment of value/empowerment for participants</li> <li>• Outlines further directions for investigation</li> <li>• Comment on whether aims/purposes of research were achieved</li> </ul>

## Appendix C

### Participant Demographic Data

Table 2

Child Participant Demographic Data

	Gender	Age	Ethnicity	Presenting Problem / Referral	Diagnosis	Other Services
Child1	F	9	White British/ European	Impact of domestic violence		Social services involved at point of referral
Child2	F	8	North African	Friendship difficulties/ social and emotional understanding	Possible neurodevelopmental condition	CAMHS - undergoing neurodevelopmental assessment
Child3	M	11	White British	Emotional regulation / parental mental health difficulties		Social services involved due to parental ill health
Child4	M	10	White British	Separation anxiety / specific phobia / challenging behaviour		
Child5	F	10	British/ Middle Eastern	Identity in context of disability / confidence / self-esteem	Health condition	Specialist health services
Child6	M	7	White British	Identity in context of disability / confidence / self-esteem	Health condition	Specialist health services

## ART THERAPY IN SCHOOLS

Child7	M	9	White British	Communication difficulties / bereavement / managing anger	Neurodevelopmental condition	CAMHS - neurodevelopmental assessment at start of art therapy
Child8	F	7	White British / Black British	Communication difficulties		
Child9	M	8	White British	Bereavement / emotional regulation / behavioural difficulties		
Child10	F	7	Black British / The Americas	Behavioural difficulties / emotional regulation		Social services involved at point of referral
Child11	F	7	White British	Processing trauma of abuse / emotional regulation		
Child12	F	9	White British	Behavioural difficulties		
Child13	M	8	White British	Processing trauma of abuse / emotional regulation	Developmental trauma	
Child14	F	9	Black British / The Americas	Behavioural difficulties		Social services involved at point of referral
Child15	M	8	White British	Behavioural difficulties		Ongoing social services input

# ART THERAPY IN SCHOOLS

Table 3

Child Participant Art Therapy Data

Participant	Picture	Gender	Age	Art Therapy	Art therapy duration (approx.)	Triangulation Interviews		
						Parent	Teacher	Art Therapist
Child1	Pillow/butterfly	F	9	Previously	Less than 2 terms	YES	YES	
Child2	Cactus	F	8	Currently	2 terms	YES	YES	
Child3	Yellow/blue	M	11	Previously	More than 2 terms	YES		
Child4	Wizard	M	10	Currently	2 terms	YES	YES	YES
Child5	Group	F	10	Previously	2 terms	YES / YES	YES / YES	
Child6	Robot	M	7	Currently	Less than 2 terms	YES	YES	YES
Child7	Sword/mother	M	9	Previously	Less than 2 terms	YES		
Child8	Blue person	F	7	Previously	2 terms	YES		
Child9	Hands/face/house	M	8	Previously	2 terms	YES		
Child10	Green/pink/star	F	7	Currently	2 terms	YES	YES	
Child11	Castle/feathers/boxes	F	7	Currently	More than 2 terms	YES		YES
Child12	Sat at table painting	F	9	Currently	More than 2 terms	YES	YES	YES
Child13	Boat	M	8	Currently	More than 2 terms	YES		
Child14	Green/blue paint	F	9	Currently	More than 2 terms	YES		YES
Child15		M	8	Currently	More than 2 terms		YES	

Note. For those children who had undertaken art therapy more than once information is given detailing on the most recent art therapy intervention.

**Appendix D**

**Letter of Ethical Approval**

This has been removed from the electronic copy

**Appendix E**

**Participant Information Sheets**

**Child**

**Parent**

**Teacher**

**Art Therapist**

## CHILD INFORMATION SHEET

### How was Art Therapy for you?



My name is **Rachel** and I am training to be a psychologist. Psychologists often work with people who would like some help understanding their thoughts and feelings. As part of my psychology course I am doing a project.



The project is about finding out **children's thoughts about Art Therapy**. I would like to hear about what you liked about Art therapy, what you didn't like, if you thought anything was helpful about the sessions, and if anything changed for you after doing art therapy.



I would also like to hear what your mum or dad and your class teacher think about Art Therapy for you and if they thought it was helpful for you.



Our talk would be **private**. I will not tell your teachers or your family what you say. But if you let me know that you weren't safe or that someone you know wasn't safe then I would have to tell an adult so that we could help you and them.

We will meet for **45 minutes together at school in a quiet room**. We will start with a **drawing** activity. You will be given the opportunity to draw or paint what your art therapy sessions looked like. This is so you can let me know through a picture how you felt during the sessions or what happened in the sessions. Then I will have some **questions** to ask you. We will talk about what you liked about Art Therapy and if you think it helped you.

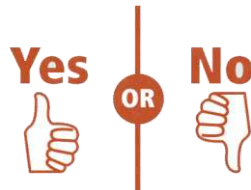


If you don't want to answer some of the questions just say no. If you would like to leave before we finish the questions that's ok. **You can ask to stop and leave at any time.**

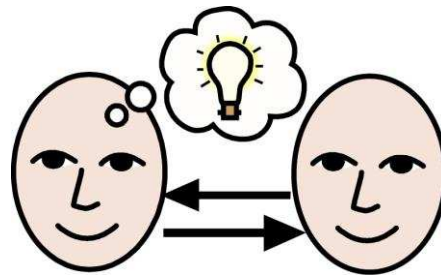




You can choose to join the project or not. It is your choice to reply yes or no. **If you do not want to take part it is ok.**



If you would like to join in the project, please **talk to your mum or dad or the person who cares for you**. Read this form together so that you both understand what you will do in the project.



If you have any **questions** about the project you can **ask your teacher** or you can tell them you would like to speak to me. If you would like to speak to me before you choose 'yes or no' we can arrange a time to talk.



I may ask to meet you again for a second time. This will be if I need to check that I understood properly what you told me the first time or to ask you a few more questions about the art therapy sessions. We would only meet for 15 minutes the second time. You can choose if you would like to meet or not and if you want to answer the questions.

When I have finished talking to the children, their parents, and their teachers, I will ask you if you would like to meet with me to hear about what I've found out. We can make **a leaflet or a poster** together which explains what the project discovered. The leaflet will help us share this information with other people who might like to know about what children think about art therapy. You can choose if you would like to do this or not.

If you choose to join the project you will be given £5 worth of art materials when the project has finished. This is to say thank you for your time and involvement in helping with my project.



**Thank you** for reading this letter.



**Rachel** Deboys

Trainee Clinical Psychologist  
Canterbury Christ Church University



## CHILD PARTICIPATION FORM

### How was Art Therapy for you?



I know that my meeting with **Rachel** will be recorded.



I know that what we talk about and any drawings I make, will only be used by **Rachel**. She will only use them for the project. I know these will be kept private.



I know that if I tell her that I'm not safe or someone I know is not safe, then **Rachel** will have to tell an adult at school so they can help.

I know that I can ask to stop at any time. I can choose to leave when I want.



I have read these sentences and know what will happen if I join the project.

My questions about the project have been answered.

I have talked about the project to the person who looks after me.

I am ready to make my choice. Please circle your choice.



**No** I don't want to join the project



**Yes** I want to join the project

Your name

Your signature

Today's date

**Please return this form to your class teacher at school  
as soon as possible. Thank you.**



## PARENT/CARER INFORMATION SHEET

### How was art therapy for you?

### The process of change in children's art therapy.



This research study is being sponsored by the Department of Applied Psychology at Canterbury Christ Church University (CCCU) by Rachel Deboys.

### **Background**

The research study aims to explore children's experiences of art therapy. The study hopes to develop a greater understanding of *if* and *how* change occurs during or after art therapy sessions. The study will look at the experiences of art therapy from the perspective of the child who received the art therapy, their parent / carer, their teacher, and their art therapist. Adults and children have described art therapy as having helped them with particular difficulties, such as bereavement, low self-esteem, friendships, trauma, or anger. Research has tended to focus on art therapists' understandings of the process of art therapy, particularly in relation to change. Hearing the child's perspective as well as the perspectives of other important people in their life will provide new understandings. This will then be used to inform therapeutic practices using art with children. It will also help other professionals such as teachers, psychologists, and family

workers to have a better understanding of *how* and *when* art therapy might be helpful for a particular child.

### **Procedure: What will you be required to do?**

#### **Introductory Meetings:**

The researcher (Rachel Deboys) will meet with participants to talk further about the project and to provide time for the participants to get to know her. These meetings will take place at several different times at your child's school.

#### **Interviews**

##### ***Child Participants:***

The children will be asked to attend an **individual 30 – 45 minute** interview session during the school day. (These will be scheduled to minimise disruption to their core curriculum subjects) They will be given the opportunity to complete a drawing activity at the start of the interview to illustrate what happened during the art therapy sessions or how they felt during the sessions. They will then be asked a number of questions about how art therapy was for them.

##### ***Adult Participants:***

As the child's parent/carer, teacher, or art therapist you will also be asked to complete an **individual 20 minute interview**. You will be asked (similar questions to your child) about your thoughts about art therapy. The questions will also ask about what you think may or may not have changed for your child or have been helpful or unhelpful about the art therapy.

There will be time for debriefing with the researcher after the interviews to find out how the interview had been for you or your child. The interview sessions will be audio-recorded. This is so that the researcher has an accurate record of what was said during the meeting. The researcher may ask to meet with you and or your child individually for a second time. This will be a shorter meeting to check that the researcher has understood correctly what you said or meant.

#### **Review of data**

The researcher will then analyse the data. Once the researcher has created a summary of the themes and ideas from all the interviews, she will then ask to **meet with the child participants to share this information with them**. The children will be given the



opportunity to make a **leaflet or poster** with the researcher to describe what the study found out to then share with their parents/ carers, teacher, and art therapist.

**Feedback meetings**

The researcher will then arrange to meet with the participants to share the findings and to talk about how the findings could be used in the future. The researcher will also ask participants for feedback on what it had been like taking part in the study.

**Sharing the results**

The researcher will write up the findings into a formal report that she will submit to CCCU as part of her training to become a clinical psychologist. The findings will be published in an academic journal and shared with other art therapists and psychologists. This is to help them with their therapeutic and research work with children.

**To participate in this research you must:**

- Have a child that you care for or work with who has received art therapy in the last 12 months
- Be able and willing to talk about your thoughts and the art therapy during an individual interview
- Be able to attend a 20 minute interview at school (either during school time or early evening on a weekday)

As a thank you for your time and input into the research project you will receive a £10 Marks and Spencer's voucher at the end of the interview process. If your child chooses to participate he or she will be given £5 worth of art materials as a thank you for their time and involvement.

**Confidentiality**

All data and personal information will be stored securely within CCCU premises in accordance with the Data Protection Act 1998 and the University's own data protection requirements. Data can only be accessed by Rachel Deboys. After completion of the



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Department of Applied Psychology

Faculty of Social and Applied Sciences

study, all data will be made anonymous (i.e. all personal information associated with the data will be removed). That means that none of the participants' names will be in any report. No one reading the report will be able to identify who the people are.

If you or your child becomes upset or distressed during the interview, the interview will be stopped. Additional support and debriefing will be provided. As one of the child's key adults you will be promptly informed of this and the support given to your child. Any further input from school staff or outside agencies will be discussed with you. If you or your child lets the researcher know that they are not safe or someone they know is not safe, the researcher will have to break confidentiality and will inform the adult at school responsible for safeguarding. The researcher and school staff will then follow these procedures keeping the child's parent/carer informed of what support or action will be put in place to help you and or your child.

### **Deciding whether to participate**

If you have any questions or concerns about the nature, procedures or requirements for participation do not hesitate to contact me. Should you decide to participate, you will be free to withdraw at any time without having to give a reason. The care you and your child receive from the school will not be affected in any way by your decision to participate or to withdraw.

You may decide that you are willing for your child to participate but you do not want to participate yourself. You might also choose to participate but do not consent to your child taking part. It is important that you make a decision that feels best for you and your child.

Please read the child information sheet and consent form with your child. If you are the parent/carer you will need to consent to your child's participation before he or she receives any information about the project and is asked if he or she would like to participate.

### **Any questions?**

Please contact Rachel Deboys on the 24 hour research voicemail on 0333 011 7070. Leave your contact details and the name of the project on the voicemail and I will call you





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back as soon as possible. Alternatively you can send me an email at [r.e.deboys193@canterbury.ac.uk](mailto:r.e.deboys193@canterbury.ac.uk) or write to me at:

Canterbury Christ Church University  
*Runcie Court*, David Salomons Estate  
Broomhill Road  
Tunbridge Wells  
TN3 0TF

If you are happy for me to contact you about participating in the project please complete the **Parent/Carer Approach Form** and return it to your child's class teacher as soon as possible.

Thank you for taking the time to read this information sheet.

Best wishes,

Rachel Deboys, Trainee Clinical Psychologist

## TEACHER INFORMATION SHEET

### How was art therapy for you?

### The process of change in children's art therapy.



This research study is being sponsored by the Department of Applied Psychology at Canterbury Christ Church University (CCCU) by Rachel Deboys.

### **Background**

The research study aims to explore children's experiences of art therapy. The study hopes to develop a greater understanding of *if* and *how* change occurs during or after art therapy sessions. The study will look at the experiences of art therapy from the perspective of the child who received the art therapy, their parent / carer, their teacher, and their art therapist. Adults and children have described art therapy as having helped them with particular difficulties, such as bereavement, low self-esteem, friendships, trauma, or anger. Research has tended to focus on art therapists' understandings of the process of art therapy, particularly in relation to change. Hearing the child's perspective as well as the perspectives of other important people in their life will provide new understandings. This will then be used to inform therapeutic practices using art with children. It will also help other professionals such as teachers, psychologists, and family

workers to have a better understanding of *how* and *when* art therapy might be helpful for a particular child.

### **Procedure: What will you be required to do?**

#### **Introductory Meetings:**

The researcher (Rachel Deboys) will meet with participants to talk further about the project and to provide time for the participants to get to know her. These meetings will take place at several different times at your school.

#### **Interviews**

##### ***Child Participants:***

The children will be asked to attend an **individual 30 – 45 minute** interview session during the school day. (These will be scheduled to minimise disruption to their core curriculum subjects) They will be given the opportunity to complete a drawing activity at the start of the interview to illustrate what happened during the art therapy sessions or how they felt during the sessions. They will then be asked a number of questions about how art therapy was for them.

##### ***Adult Participants:***

As the child's parent/carer, teacher, or art therapist you will also be asked to complete an **individual 20 minute interview**. You will be asked (similar questions to your child) about your thoughts about art therapy. The questions will also ask about what you think may or may not have changed for your child or have been helpful or unhelpful about the art therapy.

There will be time for debriefing with the researcher after the interviews to find out how the interview had been for you or your child. The interview sessions will be audio-recorded. This is so that the researcher has an accurate record of what was said during the meeting. The researcher may ask to meet with you and or your child individually for a second time. This will be a shorter meeting to check that the researcher has understood correctly what you said or meant.

#### **Review of data**

The researcher will then analyse the data. Once the researcher has created a summary of the themes and ideas from all the interviews, she will then ask to **meet with the child participants to share this information with them**. The children will be given the

opportunity to make a **leaflet or poster** with the researcher to describe what the study found out to then share with their parents/ carers, teacher, and art therapist.

**Feedback meetings**

The researcher will then arrange to meet with the participants to share the findings and to talk about how the findings could be used in the future. The researcher will also ask participants for feedback on what it had been like taking part in the study.

**Sharing the results**

The researcher will write up the findings into a formal report that she will submit to CCCU as part of her training to become a clinical psychologist. The findings will be published in an academic journal and shared with other art therapists and psychologists. This is to help them with their therapeutic and research work with children.

**To participate in this research you must:**

- Have a child that you care for or work with who has received art therapy in the last 12 months
- Be able and willing to talk about your thoughts and the art therapy during an individual interview
- Be able to attend a 20 minute interview at school (either during school time or early evening on a weekday)

**Confidentiality**

All data and personal information will be stored securely within CCCU premises in accordance with the Data Protection Act 1998 and the University's own data protection requirements. Data can only be accessed by Rachel Deboys. After completion of the study, all data will be made anonymous (i.e. all personal information associated with the data will be removed). That means that none of the participants' names will be in any report. No one reading the report will be able to identify who the people are.

If you or your child becomes upset or distressed during the interview, the interview will be stopped. Additional support and debriefing will be provided. As one of the child's key



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adults you will be promptly informed of this and the support given to your child. Any further input from school staff or outside agencies will be discussed with you. If you or your child lets the researcher know that they are not safe or someone they know is not safe, the researcher will have to break confidentiality and will inform the adult at school responsible for safeguarding. The researcher and school staff will then follow these procedures keeping the child's parent/carer informed of what support or action will be put in place to help you and or your child.

### **Deciding whether to participate**

If you have any questions or concerns about the nature, procedures or requirements for participation do not hesitate to contact me. Should you decide to participate, you will be free to withdraw at any time without having to give a reason. The care you and your child receive from the school will not be affected in any way by your decision to participate or to withdraw. It is important that you make a decision that feels best for you.

### **Any questions?**

Please contact Rachel Deboys on the 24 hour research voicemail on 0333 011 7070. Leave your contact details and the name of the project on the voicemail and I will call you back as soon as possible. Alternatively you can send me an email at [r.e.deboys193@canterbury.ac.uk](mailto:r.e.deboys193@canterbury.ac.uk) or write to me at:

Canterbury Christ Church University  
*Runcie Court*, David Salomons Estate  
Broomhill Road  
Tunbridge Wells  
TN3 0TF

Thank you for taking the time to read this information sheet.

Best wishes,

Rachel Deboys, Trainee Clinical Psychologist

## **ART THERAPIST INFORMATION SHEET**

### **How was art therapy for you?**

### **The process of change in children's art therapy.**



This research study is being sponsored by the Department of Applied Psychology at Canterbury Christ Church University (CCCU) by Rachel Deboys.

### **Background**

The research study aims to explore children's experiences of art therapy. The study hopes to develop a greater understanding of *if* and *how* change occurs during or after art therapy sessions. The study will look at the experiences of art therapy from the perspective of the child who received the art therapy, their parent / carer, their teacher, and their art therapist. Adults and children have described art therapy as having helped them with particular difficulties, such as bereavement, low self-esteem, friendships, trauma, or anger. Research has tended to focus primarily on art therapists' understandings of the process of art therapy, particularly in relation to change. Hearing the child's perspective as well as the perspectives of other important people in their life will provide new understandings. This will then be used to inform therapeutic practices using art with children. It will also help other professionals such as teachers,

psychologists, and family workers to have a better understanding of *how* and *when* art therapy might be helpful for a particular child.

### **Procedure: What will you be required to do?**

#### **Introductory Meetings:**

The researcher (Rachel Deboys) will meet with participants to talk further about the project and to provide time for the participants to get to know her. These meetings will take place at several different times at your child's school.

#### **Interviews**

##### ***Child Participants:***

The children will be asked to attend an **individual 30 – 45 minute** interview session during the school day. (These will be scheduled to minimise disruption to their core curriculum subjects) They will be given the opportunity to complete a drawing activity at the start of the interview to illustrate what happened during the art therapy sessions or how they felt during the sessions. They will then be asked a number of questions about how art therapy was for them.

##### ***Adult Participants:***

As the child's parent/carer, teacher, or art therapist you will also be asked to complete an **individual 20 minute interview**. You will be asked (similar questions to your child) about your thoughts about art therapy. The questions will also ask about what you think may or may not have changed for your child or have been helpful or unhelpful about the art therapy.

There will be time for debriefing with the researcher after the interviews to find out how the interview had been for you or your child. The interview sessions will be audio-recorded. This is so that the researcher has an accurate record of what was said during the meeting. The researcher may ask to meet with you and or your child individually for a second time. This will be a shorter meeting to check that the researcher has understood correctly what you said or meant.

#### **Review of data**

The researcher will then analyse the data. Once the researcher has created a summary of the themes and ideas from all the interviews, she will then ask to **meet with the child participants to share this information with them**. The children will be given the

opportunity to make a **leaflet or poster** with the researcher to describe what the study found out to then share with their parents/ carers, teacher, and art therapist.

**Feedback meetings**

The researcher will then arrange to meet with the participants to share the findings and to talk about how the findings could be used in the future. The researcher will also ask participants for feedback on what it had been like taking part in the study.

**Sharing the results**

The researcher will write up the findings into a formal report that she will submit to CCCU as part of her training to become a clinical psychologist. The findings will be published in an academic journal and shared with other art therapists and psychologists. This is to help them with their therapeutic and research work with children.

**To participate in this research you must:**

- Have a child that you care for or work with who has received art therapy in the last 12 months
- Be able and willing to talk about your thoughts and the art therapy during an individual interview
- Be able to attend a 20 minute interview at school (either during school time or early evening on a weekday)

**Confidentiality**

All data and personal information will be stored securely within CCCU premises in accordance with the Data Protection Act 1998 and the University's own data protection requirements. Data can only be accessed by Rachel Deboys. After completion of the study, all data will be made anonymous (i.e. all personal information associated with the data will be removed). That means that none of the participants' names will be in any report. No one reading the report will be able to identify who the people are.





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If you or your child becomes upset or distressed during the interview, the interview will be stopped. Additional support and debriefing will be provided. As one of the child's key adults you will be promptly informed of this and the support given to your child. Any further input from school staff or outside agencies will be discussed with you. If you or your child lets the researcher know that they are not safe or someone they know is not safe, the researcher will have to break confidentiality and will inform the adult at school responsible for safeguarding. The researcher and school staff will then follow these procedures keeping the child's parent/carer informed of what support or action will be put in place to help you and or your child.

### **Deciding whether to participate**

If you have any questions or concerns about the nature, procedures or requirements for participation do not hesitate to contact me. Should you decide to participate, you will be free to withdraw at any time without having to give a reason. The care you and your child receive from the school will not be affected in any way by your decision to participate or to withdraw. It is important that you make a decision that feels best for you and your child.

### **Any questions?**

Please contact Rachel Deboys on the 24 hour research voicemail on 0333 011 7070. Leave your contact details and the name of the project on the voicemail and I will call you back as soon as possible. Alternatively you can send me an email at [r.e.deboys193@canterbury.ac.uk](mailto:r.e.deboys193@canterbury.ac.uk) or write to me at:

Canterbury Christ Church University  
*Runcie Court*, David Salomons Estate  
Broomhill Road  
Tunbridge Wells  
TN3 0TF

Thank you for taking the time to read this information sheet.

Best wishes,



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Rachel Deboys, Trainee Clinical Psychologist

**Appendix F**

**Participant Consent Forms**

**Child**

**Parent**

**Teacher**

**Art Therapist**

## CHILD PARTICIPATION FORM

### How was Art Therapy for you?



I know that my meeting with **Rachel** will be recorded.



I know that what we talk about and any drawings I make, will only be used by **Rachel**. She will only use them for the project. I know these will be kept private.



I know that if I tell her that I'm not safe or someone I know is not safe, then **Rachel** will have to tell an adult at school so they can help.

I know that I can ask to stop at any time. I can choose to leave when I want.



I have read these sentences and know what will happen if I join the project.

My questions about the project have been answered.

I have talked about the project to the person who looks after me.

I am ready to make my choice. Please circle your choice.



**No** I don't want to join the project



**Yes** I want to join the project

Your name

Your signature

Today's date

**Please return this form to your class teacher at school  
as soon as possible. Thank you.**





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## PARENT/CARER CONSENT FORM PARENT PARTICIPATION

**Title of Project:** **How was art therapy for you?**  
**The process of change in children's art therapy.**

**Name of Researcher:** Rachel Deboys

**Contact details:**

**Address:** Canterbury Christ Church University  
Runcie Court  
David Salomons Estate  
Broomhill Road  
Tunbridge Wells  
TN3 0TF

**Telephone:** 0333 011 7070

**Email:** r.e.deboys193@canterbury.ac.uk

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential
4. I agree to take part in the above study.


\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(If different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



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---

Researcher

---

Date

---

Signature

Copies:    1 for participant  
              1 for researcher



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## PARENT/CARER CONSENT FORM CHILD PARTICIPATION

**Title of Project:** **How was art therapy for you?**  
**The process of change in children's art therapy.**

**Name of Researcher:** Rachel Deboys

**Contact details:**

**Address:** Canterbury Christ Church University  
Runcie Court  
David Salomons Estate  
Broomhill Road  
Tunbridge Wells  
TN3 0TF

**Telephone:** 0333 011 7070

**Email:** r.e.deboys193@canterbury.ac.uk

**Please initial box**

1. I confirm that I have read and understand the child information sheet for the above study and have had the opportunity to ask questions.
2. I confirm that I have read the child information sheet with my child and that he or she understands the above study.
3. I confirm that my child has had the opportunity to ask questions about the study.
4. I understand that my child's participation is voluntary and that he or she is free to withdraw at any time, without giving any reason.
5. I confirm that my child has agreed to participate in this study.
6. I understand that any personal information that my child's provides to the researchers will be kept strictly confidential
7. I agree that my child can take part in the above study.




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\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Class

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Relationship of Adult to the Child:**

\_\_\_\_\_  
Name of Person taking consent  
(If different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Copies:    1 for Parent/Carer  
              1 for Researcher

# TEACHER CONSENT FORM

**Title of Project:**                      **How was art therapy for you?**  
**The process of change in children's art therapy.**



**Name of Researcher:**              Rachel Deboys  
**Contact details:**  
**Address:**                              Canterbury Christ Church University  
Runcie Court  
David Salomons Estate  
Broomhill Road  
Tunbridge Wells  
TN3 0TF  
**Telephone:**                          0333 011 7070  
**Email:**                                 r.e.deboys193@canterbury.ac.uk

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential
4. I agree to take part in the above study.


\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(If different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Copies:    1 for participant  
              1 for researcher

## ART THERAPIST CONSENT FORM

**Title of Project:**

**How was art therapy for you?**

**The process of change in children's art therapy.**



**Name of Researcher:**

Rachel Deboys

**Contact details:**

**Address:**

Canterbury Christ Church University  
Runcie Court  
David Salomons Estate  
Broomhill Road  
Tunbridge Wells  
TN3 0TF

**Telephone:**

0333 011 7070

**Email:**

r.e.deboys193@canterbury.ac.uk

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential
4. I agree to take part in the above study.




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\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(If different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Copies:    1 for participant  
              1 for researcher

**Appendix G**

**Interview Schedules**

**Child**

**Parent**

**Teacher**

**Art Therapist**

## How was Art Therapy for you?

### Interview Questions: Child

#### *Familiarising questions:*

1. Can you tell me something about you (it might be how old you are, what class you're in, what club you support, whether you have a pet or any brothers or sisters)?
2. Can you tell me two of your favourite things? (It might be things you like doing, or things you like to eat, or things you like to see)?
3. Can you tell me two things that you don't like (again it might be doing things, or foods, or smells, or noises)?
4. Can you tell me something about your school?
5. What's one thing that you're looking forward to?

#### *Research questions:*

1. Can you remember what sorts of things were happening in your life just before you started art therapy?
2. Can you remember what you imagined might happen in the art therapy sessions?
3. What do you remember being told about the sessions?
4. Was it as you expected? Were some things the same or were some things different to what you had expected?
5. Can you tell me about what happened in the sessions? What did you do? What did your art therapist do?
6. Do you remember what you felt during the sessions? Did you feel the same thing each week or different things?
7. Were there things about the time with your art therapist that you liked?
8. Were there any things that you didn't like?

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9. If you could have changed something about the sessions, what would that be?
10. Do you have a best memory of the sessions?
11. Was there anything that was particularly helpful about working with your art therapist?
12. Do you think anything changed after you saw your art therapist?
13. What if anything has stayed the same since you saw art therapist?
14. Did you make any changes? Perhaps trying to remain calm, or keeping focussed in class?
15. Has anything else changed in your life, your family, things at school, or anything else?
16. What do you think the person who looks after you (This might be your parent, step-parent, or your gran, or your foster carer) would say if we asked them if they thought there had been anything helpful about art therapy?
17. What about your teacher?
18. Do you have anything else you want to say or anything you want to ask me?



## How was Art Therapy for you?

### **Interview Questions: Parent/Carer**

#### *Familiarising questions:*

1. Can you tell me something about your child (It might be how old he or she is, what class he or she is in, what club he or she supports, whether he or she has a pet or any brothers or sisters)?
2. Can you tell me two of his or her favourite things? (It might be things he or she likes doing, or things he or she likes to eat, or things he or she likes to see)?
3. Can you tell me two things your child doesn't like (Again it might be doing things, or foods, or smells, or noises)?
4. Can you tell me something about his or her school?
5. What might be one thing that you think your child is looking forward to?

#### *Research questions:*

1. Can you remember what sorts of things were happening in your child's life just before he or she started art therapy?
2. What do you remember being told about the sessions? What was said to you? What about to your child?
3. Can you remember what you imagined might happen in the art therapy sessions?
4. Do you remember what your child thought he or she would do during the sessions?
5. Do you remember anything your child told you about the art therapy sessions? Maybe something about what he or she did or what the art therapist did?



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6. Do you remember if they spoke about enjoying or disliking particular things about the art therapy?
7. Do you remember any of the thoughts you had about your child doing art therapy during the weeks that the sessions were taking place?
8. If you asked your child if they could have changed something about the sessions, what would do you think they would say?
9. Do you think anything changed for your child after he or she saw the art therapist?
10. What if anything has stayed the same since they saw the art therapist?
11. Did you notice your child making any changes? Perhaps trying to remain calm, or keeping focussed on activities?
12. Has anything else changed in their life, things at school, or anything else?
13. Do you think they would say that anything had changed or that nothing had changed? What about their class teacher?
14. What do you think your child would say if we asked them if they thought there had been anything helpful about art therapy?
15. Do you have anything else you want to say or anything you want to ask me?

## How was Art Therapy for you?

### Interview Questions: Teacher

#### *Familiarising questions:*

1. Can you tell me something about this child (It might be what club he or she supports, whether he or she has a pet, or whether he or she has any brothers or sisters)?
2. Can you tell me one of their favourite things? (It might be things he or she likes doing, or things he or she likes to eat, or things he or she likes to see)?
3. Can you tell me something that he or she doesn't like (again it might be doing things, or foods, or smells, or noises)?
4. Can you tell me something about how he or she is in class?
5. What's one thing that you think he or she is looking forward to?

#### Research questions:

1. Can you remember what sorts of things were happening in this pupil's life just before he or she started art therapy?
2. What do you remember being told about the sessions in relation to this child? What was said to you? What about to this child?
3. Can you remember what you imagined might happen in the art therapy?
4. Do you remember what this child thought he or she would do during the sessions?
5. Do you remember if he or she spoke about the art therapy sessions? Maybe something about what they did or what the art therapist did?
6. Do you remember any of the thoughts you had about this child doing art therapy during the weeks that the sessions were taking place?
7. Do you think anything changed for this child after he or she saw the art therapist? Or do you think things were just the same for him or her?
8. Do you think things would have got better for this child without the art therapy – it is possible they would have because other things changed? [If so] Do you

also think there was something helpful about going to art therapy for him/her?  
If so, what was it?

9. Do you think they would say that anything had changed or that nothing had changed? What about his or her parent/ carer?
10. What do you think this child would say if we asked him or her if he or she thought there had been anything helpful about art therapy?
11. Do you have anything else you want to say or anything you want to ask me?

## How was Art Therapy for you?

### Interview questions: Art Therapist

#### *Familiarising questions:*

1. Can you tell me something about this child (It might be what club he or she supports, whether he or she has a pet, or whether he or she has any brothers or sisters)?
2. Can you tell me one of their favourite things? (It might be things he or she likes doing, or things he or she likes to eat, or things he or she likes to see)?
3. Can you tell me something that he or she doesn't like (again it might be doing things, or foods, or smells, or noises)?
4. Can you tell me something about how he or she is in class?
5. What's one thing that you think he or she is looking forward to?

#### *Research questions:*

1. Can you remember what sorts of things were happening in this pupil's life just before he or she started art therapy?
2. What do you remember being told about the referral you received?
3. Did you have a sense of the purpose or possible aims of the work with this child?
4. Do you remember what if anything you shared with the child, his or her parent/ carer, and his or her teacher about the art therapy before it started?
5. Do you know if anyone else shared any information with them about art therapy?
6. Do you remember what sense the child's parent/carers and teacher had of what might happen in the sessions?
7. What about the child? Did they say anything about what he or she imagined might happen in the art therapy?
8. Do you remember if he or she spoke about the art therapy sessions to other people in between the sessions? Maybe something about what he or she did or what you (the art therapist) did?
9. In what ways do you think the art materials were helpful or unhelpful for the child?

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Faculty of Social and Applied Sciences

10. Do you remember any of the thoughts you had about this child during the weeks that the sessions were taking place?
11. Do you think anything changed for this child after he or she saw you (the art therapist)? Or do you think things were just the same for him or her?
12. Do you have any thoughts about why this might be?
13. Do you think things would have got better for this child without the art therapy – it is possible he or she would have got better because other things changed?
14. Do you also think there was something helpful about going to art therapy for him or her? If so, what was it?
15. Do you think he or she would say that anything had changed or that nothing had changed? What about his or her parent/ carer?
16. What do you think this child would say if we asked him or her if he or she thought there had been anything helpful about art therapy?
17. Do you have anything else you want to say or anything you want to ask me?

## Appendix H

### Quality Assurance Guidelines

**Chiovitti and Piran (2003, p. 430)**

Standards of rigour	Suggested methods of research practice
Credibility	<ol style="list-style-type: none"> <li>1. Let participants guide the inquiry process</li> <li>2. Check the theoretical construction generated against participants' meanings of the phenomenon</li> <li>3. Use participants' actual words in the theory</li> <li>4. Articulate the researcher's personal views and insights about the phenomenon explored by means of               <ol style="list-style-type: none"> <li>(a) Postcomment interview sheets used as a tool</li> <li>(b) A personal journal</li> <li>(c) Monitoring how the literature was used</li> </ol> </li> </ol>
Auditability	<ol style="list-style-type: none"> <li>5. Specify the criteria built into the researcher's thinking</li> <li>6. Specify how and why participants in the study were selected</li> </ol>
Fittingness	<ol style="list-style-type: none"> <li>7. Delineate the scope of the research in terms of the sample, setting, and the level of the theory generated</li> <li>8. Describe how the literature relates to each category which emerged in the theory</li> </ol>

**Table 1** Eight methods of research practice for enhancing standards of rigour

**Mays and Pope (2000, p. 50, 52)**

(Relative criteria adapted from Hammersley, M. (1990). *Reading ethnographic research*. New York: Longman.)

#### Relativist criteria for quality<sup>7</sup>

- Degree to which substantive and formal theory is produced and the degree of development of such theory
- Novelty of the claims made from the theory
- Consistency of the theoretical claims with the empirical data collected
- Credibility of the account to those studied and to readers
- Extent to which the description of the culture of the setting provides a basis for competent performance in the culture studied
- Extent to which the findings are transferable to other settings
- Reflexivity of the account—that is, the degree to which the effects of the research strategies on the findings are assessed or the amount of information about the research process that is provided to readers

### Some questions about quality that might be asked of a qualitative study

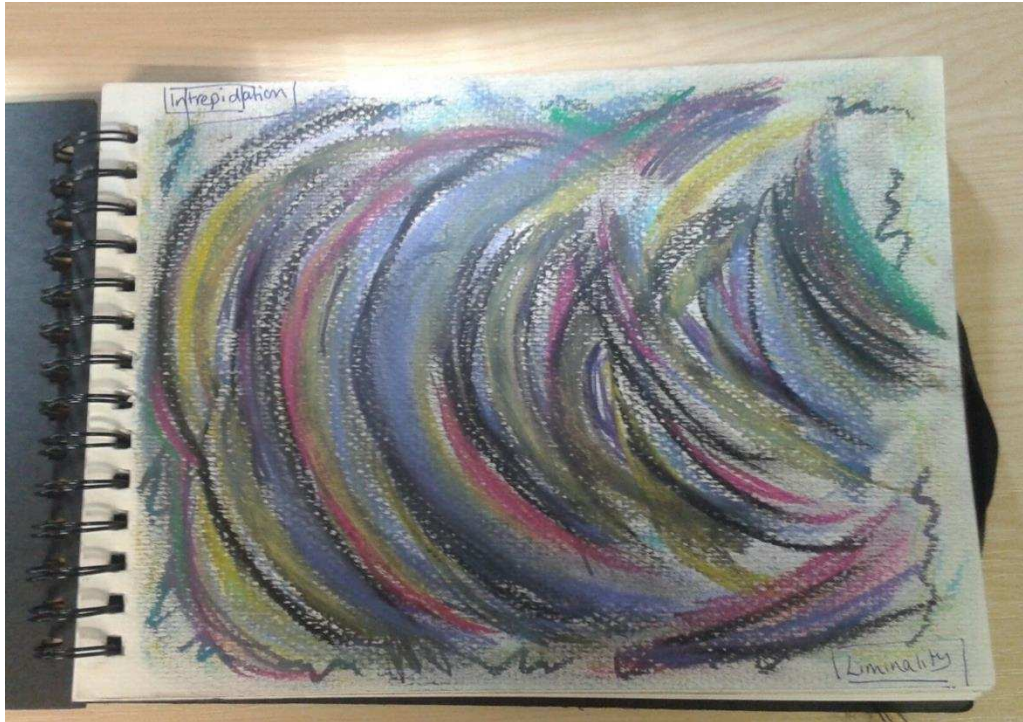
- Worth or relevance—Was this piece of work worth doing at all? Has it contributed usefully to knowledge?
- Clarity of research question—If not at the outset of the study, by the end of the research process was the research question clear? Was the researcher able to set aside his or her research preconceptions?
- Appropriateness of the design to the question—Would a different method have been more appropriate? For example, if a causal hypothesis was being tested, was a qualitative approach really appropriate?
- Context—Is the context or setting adequately described so that the reader could relate the findings to other settings?
- Sampling—Did the sample include the full range of possible cases or settings so that conceptual rather than statistical generalisations could be made (that is, more than convenience sampling)? If appropriate, were efforts made to obtain data that might contradict or modify the analysis by extending the sample (for example, to a different type of area)?
- Data collection and analysis—Were the data collection and analysis procedures systematic? Was an “audit trail” provided such that someone else could repeat each stage, including the analysis? How well did the analysis succeed in incorporating all the observations? To what extent did the analysis develop concepts and categories capable of explaining key processes or respondents’ accounts or observations? Was it possible to follow the iteration between data and the explanations for the data (theory)? Did the researcher search for disconfirming cases?
- Reflexivity of the account—Did the researcher self consciously assess the likely impact of the methods used on the data obtained? Were sufficient data included in the reports of the study to provide sufficient evidence for readers to assess whether analytical criteria had been met?



**Appendix I**

**Research Diary and Arts-Based Journal Extracts**

**May 2013**



**Intrepidation and Liminality**

• Is it OK? To whom?

• What will happen?

• Finding it hard to rest, hard to be

• feeling in a state of flux

• liminality

perhaps the movement from  
darkness to light with an  
acknowledgement of the  
turbulence to come.

- the irony that I wrote



- no word

but meant

trepidation - feeling of fear / agitation  
about something that  
may happen

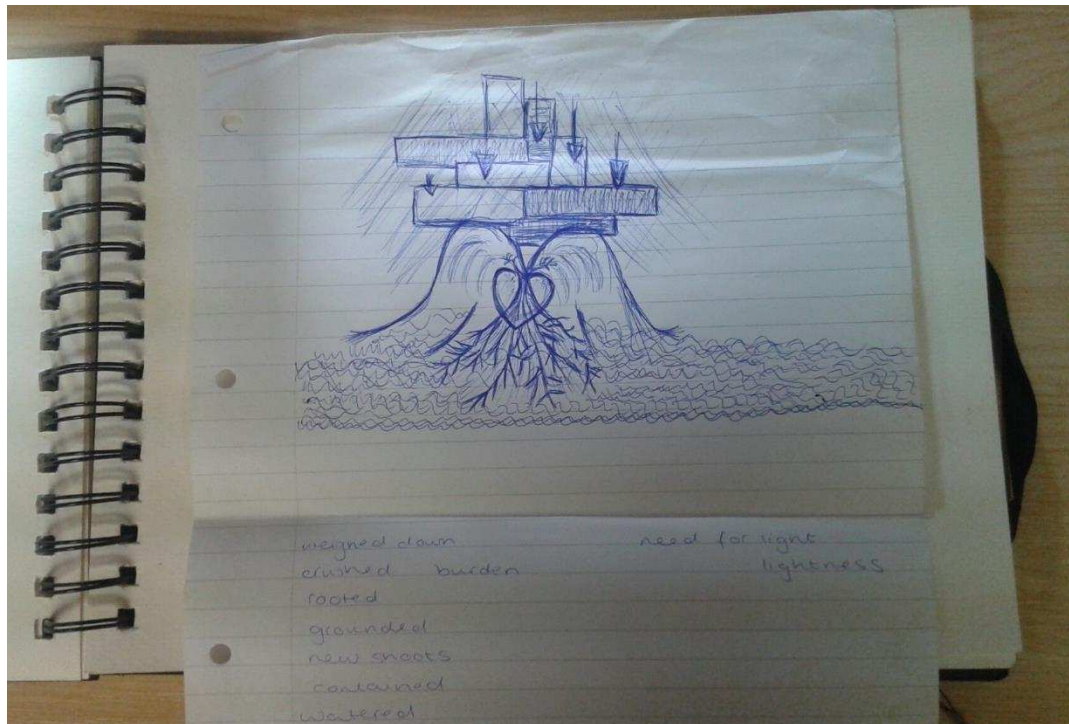
- the image conveys so much more than  
just words.

to be intrepid: fearless, daring  
bold  
fortitude, endurance



## ART THERAPY IN SCHOOLS

June 2013



**The Struggle of Growth**

23<sup>rd</sup> November 2013



**Isolated Connections**

**Art Therapy in Education Meeting.** Very interesting but also quite a difficult meeting to attend. I was very surprised by some of the views expressed during the meeting. It seemed to be predominantly art therapists attending the BAAT special interest group and it quickly became apparent that it would be better if I did not make myself known to be a non-art therapist. There were a lot of concerns expressed about the dilution of the art therapy profession – in particular the lack of knowledge of outsiders and of people doing art as therapy who don't really know what they are doing. This was expressed very strongly by a lot of those present. There was also a narrative about other professionals seemingly not having confidence in art therapy as a profession – particularly within CAMHS. They felt that they were not respected within their services. There seemed to be a strong theme of needing to protect the profession from outside threats and of closing in on itself. Alongside this there appeared to be a minority of voices advocating for greater sharing of what art therapists do and of a need to reach out. There was a definite sense that the art therapists believed in the power of art but found it hard to convey / express this to others. They spoke about the impact of cost-cutting and I wondered if some of the retreating type behaviours related to this. I was very surprised by the level of suspicion and wariness expressed collectively towards non-art therapists. This deeply saddened and unsettled me.

Following the art-making part of the meeting there were many conversations that related to art therapists feeling unable to explain what they do – that there was something mysterious and magical about it. It seemed difficult to see effective systemic working at play. It felt very uncomfortable to be thinking about embarking on research to do with art therapy as a non-art therapist given this apparent hostility to other professionals. I felt very much an outsider and somehow that I was not welcome – even though this was not said. Despite this, the need for the research seemed even greater – given these conversations: the need for conversations about what art therapists do and why they do it felt even more important. I also came away feeling that as a group of individuals somehow they needed to be making more time for such dialogues. The boundaries seemed to be very blurred and yet whilst things seemed integrated – in fact they appeared so much more separate and isolated than I had imagined. I felt very heavy after this meeting and wondered about the way forward for the research and the potential recruitment hurdles that I might encounter given the views I had been exposed to.

**26<sup>th</sup> November 2013**



**Outsider**

**May 2014**

Feeling quite anxious about needing to recruit another school. I totally understand why we need to get another school but wondering how to go about doing this and how long it might take. I also feel that I have a lot of data already! The prospect of collecting more data feels overwhelming.

**5<sup>th</sup> June 2014**

I am very pleased to have booked onto the BAAT annual conference in a few weeks' time. I am looking forward to meeting other art therapists and finding out more about their work and the latest developments / current issues within the art therapy world.

**9<sup>th</sup> June 2014**

Currently feeling very confused by the grounded theory methodology. I am wondering how to get my head around it. There appear to be so many steps and processes to follow. I am also feeling rather swamped by interviews. There is so much to transcribe. I am worrying that I may have been a victim of my own recruitment success. On the one hand it is great that I have not been struggling with recruitment in the second school – but I am also now slightly concerned that I've had too many participants too close together and that transcribing them all quickly will be a big challenge.

## ART THERAPY IN SCHOOLS

I need do some more creative journaling: drawing / creating / painting out some of my experiences / thoughts about the interviews.

In the midst of feeling exhausted from having undertaken back to back interviews each Thursday for the last few weeks, I have had several conversations with friends and family who have been reminding me that I can do it – that I just need to keep getting on with it in little bits ... that I have chosen a project that is of interest and also an area that I am good at – good at working with children, their parents, teachers and schools. This is providing a bit of encouragement.

I am still wondering quite how I will find the time to transcribe all the interviews – and then start coding them all – and I'm also supposed to be writing section A .... Ahh. I think when I next meet with Sue we need to think about an updated timetable for the project.

### **12<sup>th</sup> June 2014**

Having thoughts about starting to modify the interview schedule – trying to explore more about how the art materials seem to be more helpful than talking – and how it seems that using the art materials makes it possible to formulate / understand thoughts/words/feelings. I also need to think about recruiting more Dads.

I have been surprised to have had parents asking me about how their child was in the interview / how their child got on both in the interview and in art therapy generally. It has been difficult managing their interest and care. Reminding them of confidentiality has been essential but tricky.

One teacher was seemed especially concerned with the use of the audio recorder. This was the first time that this had been raised as a worry by any of the participants. It was unclear what exactly was underlying the teacher's worry. She commented at the end of the interview that actually it had been fine and had been nothing to worry about. I wondered if she had been generally worried about saying the right thing or knowing what to answer and that anxiety had somehow become located within the audio recording process.

Parent 2 was the only parent to ask about why I was undertaking this particular project. This in itself was interesting – that none of the other participants had wanted further information on this. Perhaps they had been satisfied with the information provided within the project information sheets or maybe they were not interested. Parent 2 reflected on her sense of me being very well suited to a career in psychology. I was very flattered and touched by the compliment. I later however wondered about what impact how the interviewee perceives might have on the interview itself. I thought about how Parent 2's answers might have been

## ART THERAPY IN SCHOOLS

shaped by her favourable appraisal of me. Perhaps she had felt relaxed and comfortable talking with me and thus was more forthcoming and felt able to share her sense of me. I was pleased that she had felt able to ask that question as none of the other participants had said that they had had any additional questions to ask.

I spoke again with Parent 4 and asked her about the possibility of her husband being willing to be interviewed. Given that she had said that he had been very sceptical of the art therapy at the start I thought that he might provide a helpful negative case. She agreed to ask him but felt that he might not have much to say. I wondered if it was going to prove very difficult to recruit fathers into the project.

### **19th June 2014**

I am thinking about modifying the interview schedule. For the children who are working or have worked with multiple professionals I am wondering about asking them a bit about the differences between their experiences with these people – what they did – what they preferred. I am not sure how able to discriminate between them they will be – but it feels important to make an attempt to see if they can unpack some of this.

Having been keen to try to involve some fathers in the project, Parent 5 had asked her husband and he had agreed to come in to meet with me. This was a very different encounter to the other interviews. It seemed that he had come with a very particular agenda and launched into telling me about his opinions and experiences before I had time to check that he was happy for me to record the session and then turn on the audio-recorder. Given the speed and intensity at which he spoke, I felt unable to interrupt him for quite a while and thus the session was not recorded. With hindsight perhaps I should have stopped him speaking sooner but it did not feel appropriate to do so. There seemed to be a strong need within him for him to have the opportunity to express his narrative about his child and their involvement with art therapy. The session did not stick to the interview schedule, although some of the topics were covered. When I asked him at the end if he would like to look at the questions I had been using with the other parents he declined and said that he had said all that he had wanted to say. I came away feeling that somehow he seemed not to have fully understood the purpose of the project and indeed of our meeting. He asked repeatedly what I thought of his daughter's progress and whether she needed more art therapy. I maintained a clear boundary with him, reminding him that those were questions that he could talk to the art therapist about but that I wasn't able to answer them not having worked with his daughter. I wondered if he thought that the aim of our meeting had been to review his daughter's more general progress although I was unsure about this explanation having not experienced any difficulty with his wife in understanding the focus of the interview. Interestingly he seemed very keen to participate in the project.

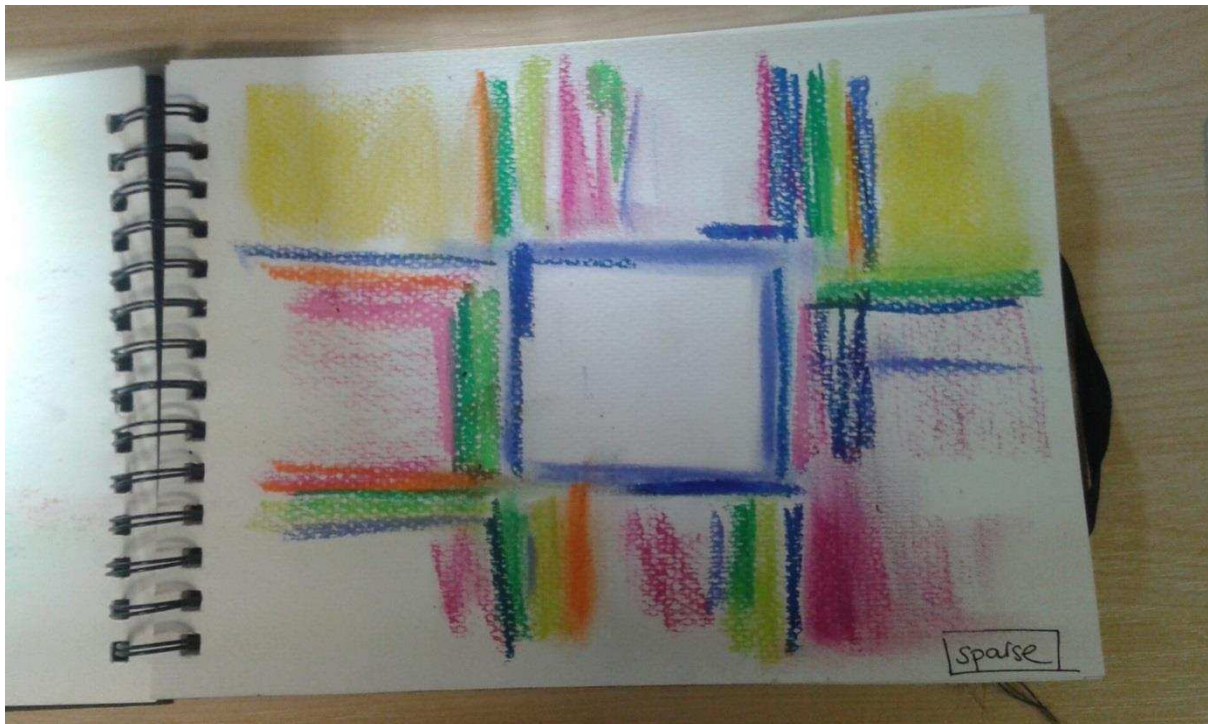
Child 5's father spoke about wanting more art therapy for his daughter and that one session a week was insufficient. He felt that she should be receiving a minimum of two sessions a



## ART THERAPY IN SCHOOLS

week. He thought that she was making good use of the sessions and was improving. The art seemed very important to him and he did not think that talking without the art element would work. He described art therapy as being inner therapy which enabled processing and thus things could be expressed through art materials. He was very clear that the sessions should be individual. He seemed very proud of his daughter and talked about her increased confidence and self-esteem. He thought that it was very important for her to achieve and felt that the school could be doing more to move her forward. He seemed to indicate that he had been examining her artwork from sessions and could see a progression in her expression within the images. Towards the end of our time together he spoke about her daughter's sense of self and how important it was that she felt that she could do anything and that she needed to be enabled to do anything. This seemed a particularly strong narrative in the context of his child's significant health needs. I wondered if he saw art therapy as primarily a means of enabling his child to progress academically.

**June 2014**



**Sparse**

Sparse was a word used by one of the art therapists within her interview – somehow trying to tell me that the interview really hadn't captured the essence of her clinical work. I struggled with this wondering if I could have done something differently – if I was to blame for this. I found it surprising also because the interview had not seemed sparse to me. I felt that a lot of data had come from it and it had been as deep as the others. I thought about whether the art therapist was highlighting the dilemma of trying to articulate verbally a predominantly non-verbal process. I felt quite criticised at the end of this interview and wondered if she felt that



## ART THERAPY IN SCHOOLS

as a non-art therapist there was also something of the experience that I would not be able to understand.

**26<sup>th</sup> June 2014**



**British Association of Art Therapists – annual conference.** Really pleased to be here and to be immersing myself within the art therapy world. I am filled with inspiration – and am also curious to discover more about art therapy. There were some fascinating talks: Antonio Damasio talking about art therapy as being about life regulation and using art to connect with others and to connect with our on hearts. I was particularly interested in Mary Rose’s presentation on her work with adolescents and how art therapy had helped them to get in touch with a language for their feelings. She talked about feedback and evaluation becoming an important part of the therapeutic process.

It was good to be able to introduce some of my research team to each other. I came away feeling slightly saddened though about having re-experienced some of the feeling of insider /

outsiderness from my time at the Art Therapy in Education meeting in November (2013). I wondered about the challenges faced by health professionals of creating open and flexible communication channels. There seemed to be something very important about art therapists retaining their identity and professional role boundaries yet not doing either of these things in a way that somehow pushes others away – and makes them feel that they are unknowing outsiders who are incapable of knowing or understanding. By no means was this a sentiment expressed by all presenters but nonetheless it still seemed to be floating around.

**July 2014**

**7<sup>th</sup> September 2014**



**Making Colour Exhibition – The National Gallery.** This was a fascinating experience – discovering that there is so much more to the process of painting than I had ever imagined. I was struck by the depth of the colours – that they just seemed to go on and on. I started thinking about whether I should have asked the participants about colour within the interviews – and whether colour had had any particular resonance for them. I wondered about whether colour was part of what might be at work within the art therapy process: the power of colour to evoke feelings / situations / experiences. I also thought a lot about how colours combine to produce other colours and whether that too might be part of the process of change... or perhaps it was the making that was once again central ... or maybe even the making of colour.

### **24th September 2014**

Trying to decide whether I should switch to using Nvivo to code some of my data. Can't seem to get my head around how the coding process will be seen visually. I am such a visual learner that I am not sure that the software will work for me. I feel a bit behind the times in not using it but also think that going with my intuition on this is sensible. I had a coding meeting with another trainee to look through our initial coding. She had been using Nvivo. I am now clearer that I won't use it. She had found it very helpful but I think I want to begin to cluster my codes early on in Excel tables rather than letting the computer program pull them together from separate interviews. I will find it easier to see the theory emerging this way. We talked about the grounded theory approach that she was using. She is specifically coding using active words. I don't think this is the slant that Strauss and Corbin take but it has been helpful to think about looking out more for the doing with the interviews and perhaps focussing more on the experience /on the 'process' that the participant is talking about. I will explore the process more.

### **25th September 2014**

Meeting with Sue to discuss project progress. We talked about some of the challenges of undertaking research with children. I talked about whether in some of the earlier interviews I should have been more directive with the conversations – the children tended to talk about a whole variety of sometimes quite random topics. During the data analysis phase I became more aware of my natural disposition towards attending to the child and trying to facilitate their participation as much as possible. Looking back I could see that I had been uncomfortable with interrupting them too much when they were talking more generally. I gently tried to bring them back to the research questions but perhaps could have done this more assertively. Having said that I felt that to have done that would not have been in keeping with my style as a researcher and it could well have negatively impacted on the children's engagement. It probably also meant that the interview process was a little more enjoyable for the both of us! We agreed that all material pertaining to art therapy should be coded but that it was okay not to code some brief sections such as a child telling me about their dog shedding hair.

We revisited whether or not I actually needed to recruit another school. I was very relieved that we agreed that we didn't need to do that.

## ART THERAPY IN SCHOOLS

We talked about further conversations that I needed to have with the art therapists – to find out what they were like in the room – and if appropriate to get some sense of what the children were also like in the room. I had been having lots of thoughts about whether something of the art therapy context was elicited by the interview – doing and saying some of the similar things.

### **5<sup>th</sup> December 2014**

Lunchtime seminar at Salomons – Neil Springham talking about his doctoral research. Interestingly Neil felt that there continued to be a deficit in art therapists describing their practice in order to demonstrate effectiveness. This seemed to fit closely with my own rationale for my research – that there is an insufficient level of research detailing the processes and mechanisms at work within art therapy. His comments about art therapists needing to move beyond just reporting their own practices particularly resonated with my literature review. He talked about making explicit the implicit knowledge – this seemed to sum up very well one of the hopes of my research. Neil said that there was very little grounded theory research within art therapy. This somehow seemed to encourage me – that I was using an innovative approach within this area. Interestingly Neil spoke about the differing roles within art therapy – the art maker, the art viewer, and the art reviewer. These were not distinct roles that I had previously considered. Perhaps I need to be paying more attention to them. I will try to do this.

Neil argued that grounded theory had enable words to be used for art therapy that had not been used before. I wondered if I might be able to say the same at the end of my research. Neils' research highlighted the importance of the shared attention on an object as well as the therapeutic processes in the construction of the art work. I thought again about whether these ideas had emerged from my data. Perhaps the joint attention is present within the relationship but the children are too young to be able to fully notice or verbalise this. Neil concluded that there seemed to be a recursive relationship between the making and the sharing – that the sharing impacts subsequent making. I thought it was likely that such connection had probably been present for the children too – even though they were not showing their work to a broader group. I am glad that I have done a lot of the analysis already so that his talk is not guiding my thinking too much but instead is raising interesting areas for further reflection.

### **12<sup>th</sup> December 2014**

I am reflecting on the differences seeming to be coming out from within the art therapist interviews. I am especially struck by the thoughts that relate to where I held these interviews. Two interviews were conducted in the art therapy room. At the end of the interview one of those art therapists talked about being able to visualise the child within the space – the art therapy room – remembering how the child was and in particular how she left the room at the end of sessions. I wondered about how much more depth or added richness might have come from doing the interviews in that space. Those two interviews were also completed on the same day that the art therapist would normally have worked with two of the child participants.



## ART THERAPY IN SCHOOLS

With hindsight perhaps it might have been helpful to have conducted all of the interviews with the art therapists within their work space – maybe that would have brought the experience alive to them in a deeper way. I am remembering one of the art therapist's comments about feeling that her descriptions had been sparse and had not done justice to the work – that somehow talking about it purely in verbal form had detracted from the work. I am now wondering if she would have still felt like that had we met in the art therapy studio instead. It seems an important thought to hold in mind.

### January 2015



### The Voices Cry Out

#### 29<sup>th</sup> January 2015

Art, Fantasy, and Madness – lunchtime seminar at Salomons. Very interesting discussions arising within the seminar. Questions were raised about there being different notions of creativity and whether there might be differing values ascribed to types of creativity. I was pleased to hear the discussion recognising that the idea that only some people have the capacity for creativity is a false one. I was especially interested when the conversations explored the need to let go of inhibitions and fear / some sort of internal judge or critical ego in order to let things spill out within the creative realm. I wondered how much of that matched with my own experience of creative making. One of the members of the group talked about actively seeking out spaces where they could be freely creative – to enable them to move into a space which enabled a state of flow. This seemed to be linked to ideas connected to necessary requirements for a creative process. I wondered how much of that

## ART THERAPY IN SCHOOLS

state of flow was enabled within the children's art therapy – and how aware of facilitating such an environment the art therapist might be.

Towards the end of the seminar there were some particularly pertinent questions raised about who might find art therapy more or less helpful and whether this was influenced by whether or not someone was considered to be a creative person or not. Another person specifically spoke about using creativity to enable them to move towards a better place. Again I thought about how true that was of my own experiences of art-making. I wondered about how aware the children might be of art therapy potentially helping them to move towards a different / perhaps more comfortable place. Another interesting idea proposed was whether one needed to be in a safe space to be creative or whether different types of creativity were unleashed depending on how safe or otherwise the person felt. Did the children need to feel safe in the art therapy room before they felt able to make anything? I came away with lots of thoughts about art making generally, art making for personal use and personal healing, and art making in the presence of another, particularly an art therapist.

### February 2015



### Lost in Analysis

### March 2015

Reflecting on the research journey and thinking about whether I may have collected too much data for the size of the project. I am wondering about whether I have made things more difficult for myself than perhaps they needed to have been. I am reminded of this as an area

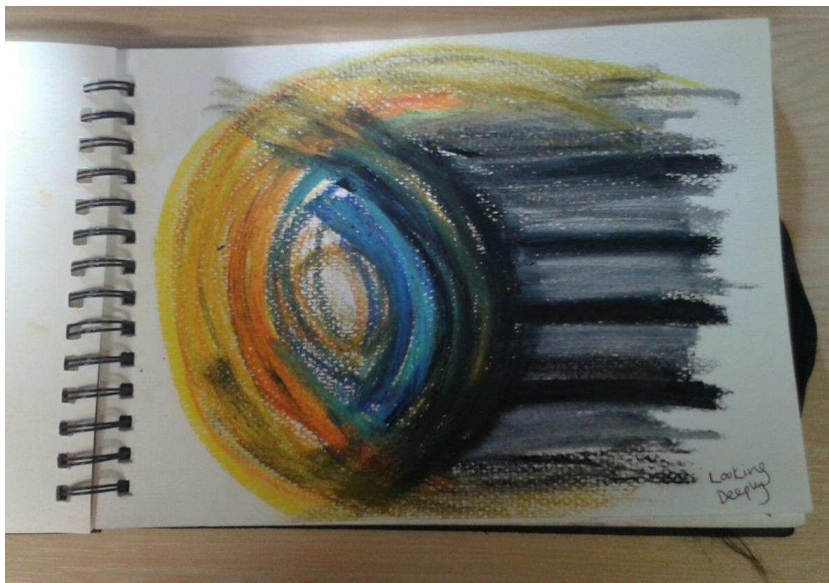
## ART THERAPY IN SCHOOLS

of exploration in the bracketing interview - about wanting to do something different and to have a challenge. I certainly have been challenged but whether the additional volume of work that my interviews have generated could have been avoided. I have been thinking a lot about what may have been involved in this situation arising. I am aware of the dilemma I experienced at the point of recruitment - of not feeling able to say to one the school of the schools that I had already got enough participants and did not need anymore. They had been so enthusiastic about the project that I probably felt that I needed to attend to their desire to engage their parents and to involve as many parents as possible. There seemed to be a balance that I was trying to achieve between enabling them to also benefit from the project as well as achieving my own aims. With hindsight I am not sure how much of a compromise with this I actually reached. I think at the time I was insufficiently aware of how much time it would actually take to transcribe and code each of the interviews.

Within my reflections I also know that I had come to feel a responsibility for giving voice to all of the participants. Ethical considerations felt particularly strong. I had met with each of the participants. They had shared their stories with me and I thus felt that I owed it to them to include all of their experiences. There was something powerful about that sharing process; that I had shared in their journey, and thus felt that I needed to continue that sharing through detailing all of their responses. I also knew that having heard their stories they were now in my mind. I could not un-hear them. They were part of the creative process that had been and continued to unfold.

I have come to a point where I can hold both the richness of the data as a very positive thing and also recognise the challenges the volume of the data has brought. Amid such a depth of data I have tried had to really know the participants' individual stories and to explore their individual journeys. I have been remembering also that within grounded theory, when the stories are truly listened to the creative process is at work.

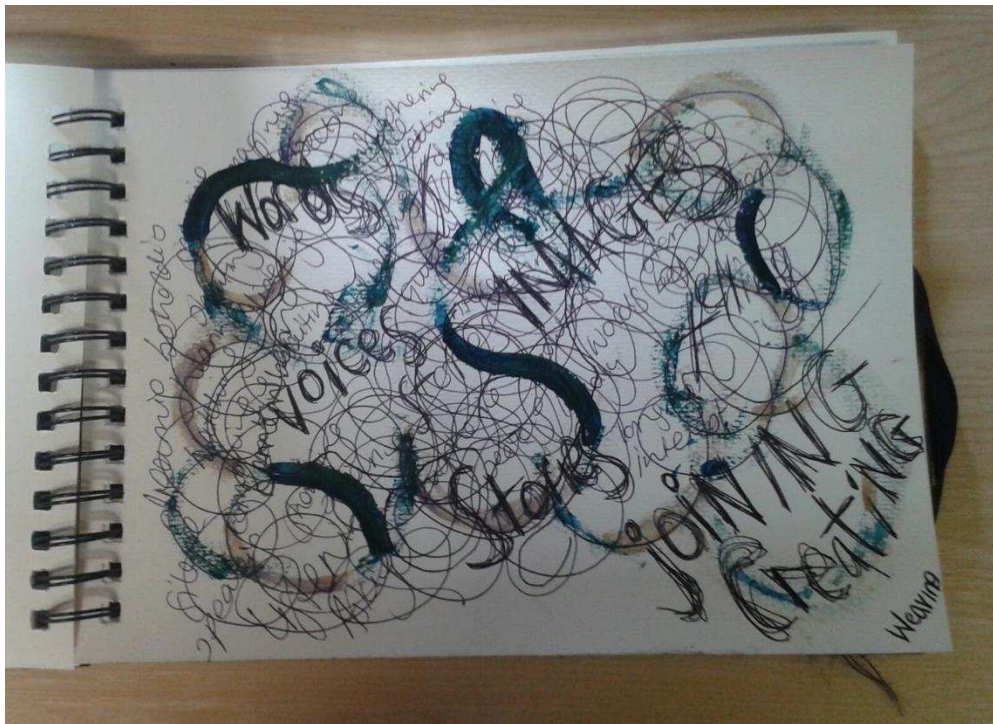
**March 2015**



**Looking Deeply**



**March 2015**



**Weaving**

**April 2015:**

As the deadline for hand in approaches and I am having to trim my written work considerably, I am aware of a growing discomfort with this editing process. I am finding myself increasingly attached to participants' quotes. I have immersed myself in the data to such an extent that I now feel that I know the participants intimately and have grown fond of them and their individual experiences. I feel resentful of having to significantly cut the results section – principally removing large numbers of participant quotes because of the word limit. I am frustrated at the loss of richness within the final paper. Yes the quotes are in the Appendices, but I had wanted to include them all in the body text to fully give voice to their experiences. Sadly this is not possible and I will have to sit with this disappointment and unease.

**10<sup>th</sup> April 2015**

MRP meeting with fellow trainee. Very helpful experience talking through the theory with her. Really helped to clarify my own thoughts. It felt very encouraging to be able to clearly talk through the coding and the theory development with someone who had very little prior knowledge of the project – and then know that what I had done made sense to an outsider to the process. In talking together, we were both struck by how different to other spaces the art therapy seemed – that even though it is within a school – it forms a distinctly different space (to say the classroom). This seemed to provide such an interesting contrast to the rest of school – and the other trainee commented that it was particularly noticeable than none of the



## ART THERAPY IN SCHOOLS

children had spoken about a sense of needing to achieve within their doing – somehow they had been released from this. She found this intriguing. We talked a lot about the children not seeing the art therapy as hard work and how that contrasted with our own experiences of personal therapy – and how hard that has often felt. She drew my attention to the level of affection she had picked up in regard to how the children had experienced the art therapy. This fitted closely with how I had experienced the children during their interviews. I was pleased that had somehow been conveyed in the results.

Appendix J

Children's Interview Images

Child 1 (The child's name has been covered with pieces of paper)



I'm going to be drawing a, a butterfly

I'm just pretending these are the stitches [on the pillow]

I did do a butterfly [in art therapy]

## ART THERAPY IN SCHOOLS

### Child 2



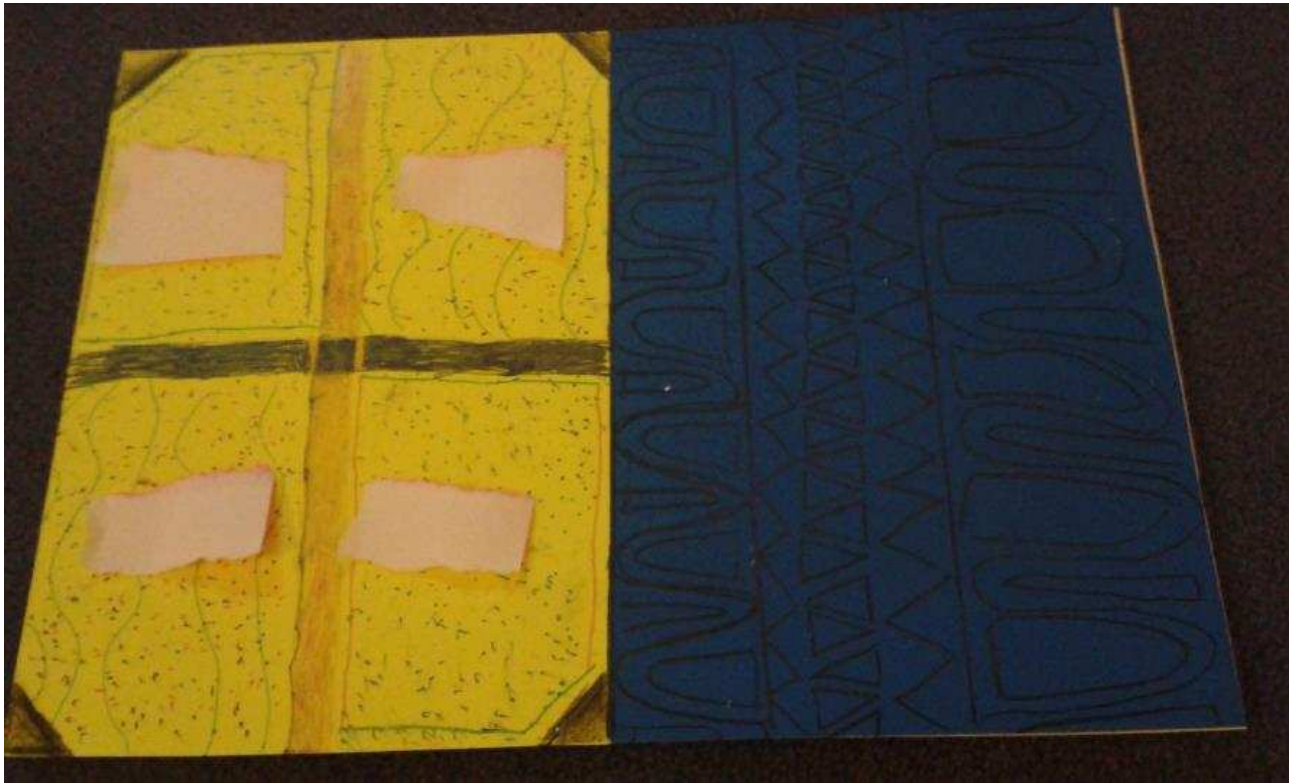
Well I did this after I started thinking about cactus

That's the sun [the yellow bit]

*I did this thing first thing ...* I was drawing flowers last time [in art therapy] because there were lots of pictures of flowers that kids did. And then I tried to draw one but I failed and then it started looking like a cactus, so then I changed it to a cactus...

## ART THERAPY IN SCHOOLS

**Child 3 (The child's name has been covered with pieces of paper)**



I did loads of shapes [in art therapy]

I like to do a lot of circles

## ART THERAPY IN SCHOOLS

### Child 4



That's something I made out of clay, there's X [top left of image/ ...

This bits the - all of it's clay and then the poster is up there

Art therapy makes me happy

... And it's just a wizard at art therapy

He [the wizard] would like it [art therapy]

## ART THERAPY IN SCHOOLS

### Child 5



*That's me*

*That's a chair*

*That's the people*

We draw some pictures



Child 6



I made a robot out  
of Lego

That's his [robot]  
brain and that's his  
storm in his brain  
and it makes him  
shoot power

*That's his [robot]*  
potion if he needs it

And that's his  
[robot's] lights

There his [robot]  
power

That's him speaking

**Child 7**



I remember making a cardboard sword or something [in art therapy]

*There's just a little bit of sparkle and a little bit of background*



## ART THERAPY IN SCHOOLS

**Child 8 (The child's name has been covered with a piece of paper)**



It [art therapy] was fun

This is the person

Here, carnival

And she's [the person] dancing and she's on a leaf dropping

And some stars coming, and a sun with a leaf

She [the person] was happy [to be at the carnival]

## ART THERAPY IN SCHOOLS

### Child 9



This bit here is like a mixed up face

*There's the nose and hands*

And then, it's like the outside of the house

These are lights

**Child 10**



It reminds me of the lights on the sky because we always have this on our celebration day

And we always have it when it's celebration day, we just have a celebration day, and when it does it, yeah, we get to have like celebrations

## ART THERAPY IN SCHOOLS

### Child 11



I'm gonna do a picture of what I made instead

I made a castle out of boxes

And then I made some icing - and then I made it into a cake!

My favourite thing was the castle that changed into the cake

## ART THERAPY IN SCHOOLS

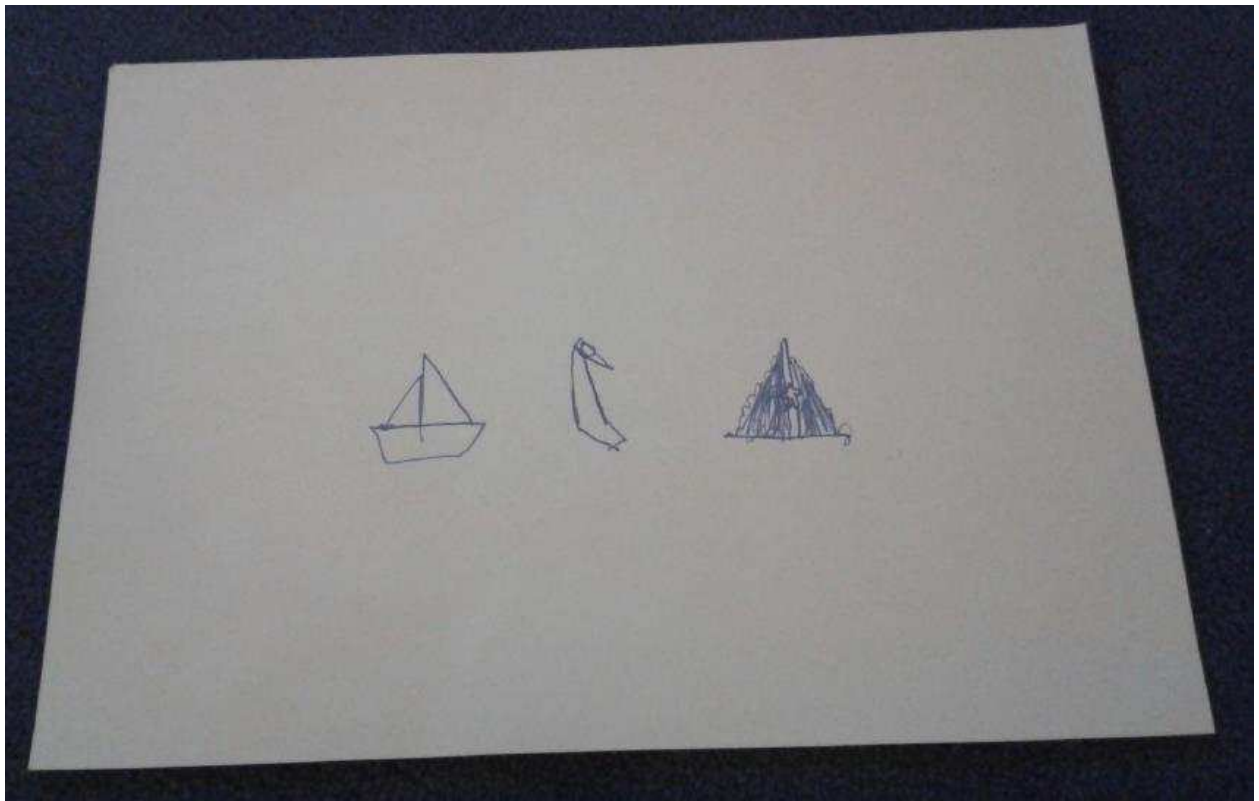
### Child 12



That's the table and that we paint

And there's me and that's the light

**Child 13**



Mmm draw something like - err - well I've made a boat out of something like origami

I made a penguin out of origami as well - and it was bigger than the boat!

And made giant eyes on it [the penguin]

Rocky mountain - and there's a couple bit of hair sticking out



## ART THERAPY IN SCHOOLS

### Child 14



This is what I made in art therapy

*It's a green-purple creature*

*It's a star pom-pom person*

## Appendix K

## Interview Feedback

Table 4

Sample of Participants' Feedback Comments from Interview Process

Participants	Quotes
Children	C5: Yeah it was good [chatting]
Parents	<p>P9: It's been okay actually</p> <p>P5: Yeah yeah no it felt fine [the interview]. Yeah yeah I felt good [talking] because I understand, I understand everything you know what is in [art therapy] – what it is that they [school and art therapist] want to do – or they expect. Of course they also know X [child] really well</p> <p>P12: Yeah, yeah. It's been really good.</p> <p>P13: It'll [the project] make a good read won't it? ... Yeah it'll make a good read – a good book!</p>
Teachers	<p>T5: Yeah I was a bit worried that it'd [the interview] be a bit like, what will I have to answer? Yeah! ... But I guess yeah [it's been okay], I guess I know a little bit more now anyway ...</p> <p>T6: Yeah, no it's good. I guess I'm quite used to talking about him [child] ... so I am kinda used to talking lot of because we have a lot of meetings [about the child] and things like that so yeah</p>
Art Therapists	<p>AT4: It's good for me [the interview] because ... it helps to clarify things in my own head ... It's always good for reviewing – so to think about. And I really think time filters things, you know how when you think time gives a real – I don't know how to say that but it gives a real perspective on things that sometimes – so it's nice to talk about it [the art therapy work] again.</p> <p>AT12: Line 457-458: So it was kind of helpful as well to be in the [art therapy] room thinking about that</p>



**Appendix L**  
**Coded Transcript**

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## Appendix M

### Coding Development

Table 5

Theoretical Coding

Main Category	Sub-Category	Component Category
Referral	Request	Child requested help Parent requested help Teacher / SENCO requested help Social Services requested help
	Target problems / referral reasons	Child identified difficulties leading to art therapy Parent identified difficulties leading to art therapy School staff identified difficulties leading to art therapy
	Target problems not specified	Child unclear on difficulties leading to art therapy Parent unclear on difficulties leading to art therapy Teacher unclear difficulties leading to art therapy
	Rationale for Art Therapy	Adult attention Talking Self-awareness Self-confidence Expressing feelings Managing feelings Understanding feelings
Existing Relationships	Relationship with art	Likes art Dislikes art
	Relationship with school	School as a good place School as a not good place
	Relationship with activity	Child as active Child as a doer

## ART THERAPY IN SCHOOLS

Approach: Child Centred	Child's Choice	Choice of materials / activities Mess Freedom Permission Choice of talking Choice of not talking Difficulties with choice
	Individual	Own time One to one Separate to class
Activities	Doing	Making Painting Drawing
	Talking	Talking freely Asking questions Talking about difficult things Hard to talk without art
Framework	Relationship	Containing Fair Listening Responsive Helping Gentle Non-intimidating / non-intrusive Together Learning
	Private	Boundary Own Unknown Quiet Calm Relaxing Restful Appraisal of privacy
	Expressing	Through making Letting it out

## ART THERAPY IN SCHOOLS

		Feelings Explaining Processing
	Fun	Fun Playful
	Happy	Excitement Happy Comfortable Brilliant Safe
No change observed	Difficulties remain	Home environment Anger Low self-esteem
Change observed	Mood	Happier Calmer Less angry Less anxious Settled Improved sleep
	Confidence	Increased confidence Expressing wants Independence
	Communication	Talking more to parent Talking more to teacher More articulate Sharing feelings Home – school Reduced challenging behaviour
	Understanding	Self-understanding Other-understanding Life-understanding
	Resilience	Improved coping Independence

## ART THERAPY IN SCHOOLS

	Learning	Academic progress Listening Presence in class
	Creativity	Drawing at home Making at home
Art Therapy	Mysterious Unknown Gentle Non-intrusive Flexible	
School system	Liaison Supportive Safety Embedded Access	
Change as multifaceted	School Parent Child	

## ART THERAPY IN SCHOOLS

Parent 2 3 3	218 I'm sure she would. 433 So, I don't think XXX (class teacher), I'm really not sure 157 They might turn round and say 'oh she's a little bit more confident'	teacher would notice changes teacher wouldn't notice changes unsure of teacher noticing any changes	teacher noticing / not noticing changes
Parent 2 3 1	166 I don't think so, because she hasn't said anything to me. So I doubt it. 173 I don't ever remember him saying he disliked anything, no, he didn't ever. 92 No never	nothing to charge about art therapy not disliking anything not disliking anything	not disliking anything
Parent 3 3 4	92 He was doing art therapy for quite a long time 106 he was doing it for quite a few years 155 he's still having it and that's finishing in the end of umm next week cos she's leaving 157 he's had two full terms	art therapy lasting a long time art therapy lasting a long time art therapy having an end	varying lengths of art therapy
Parent 2 3 3 1	172/173 I don't know in what way 143/144 I don't know what this art therapy's like now 199 I think it's all of it together 203 I think it's everything together 203/204 the art therapy did have quite a bit to do with it 201/202 I'd say that's what works with - especially with my two anyway	not understanding process of art therapy / mechanism of it being helpful Not knowing what art therapy is like Art therapy and other things contributing to change Multiple things have helped Art therapy playing an important role in change art therapy working for her children	unknown element to art therapy change varying contributions of art therapy to changes
Parent 2 3 3 1	178 I think she would get bored 186 She would get bored 213 I think the main thing is the art 210 No, not really 212 I don't think it would have done 218 I do think so 199 that's probably too personal - too direct 201 Art therapy's a way of gaining your child's trust 206 They don't wanna be sat there and directly spoken to - it's - a gentle approach works better	bored without the art bored without the art art is primary just chatting wouldn't have been as helpful chatting wouldn't have created the same change the art element is really important talking as too personal / talking as too direct  gentle approach as better / children don't like direct talking	boring without art art as important talking as less helpful/effective art as less direct than talking art as gentle
Parent 2 3 3 1	182 she'll be talking and doing it 143 I think he did modelling and everything 154/155 I think he was probably allowed to choose what he wanted to do 155 that's how it sort of seemed to be 117 really started to explore different things like 127 Because she just really enjoyed the arty part of it 184 I think it's both 186/187 cos XXX (art therapist)'s a very gentle person and I think you have to be in that sort of work 189 I would say also mainly cos of XXX (art therapist) the bond he's made with her	talking and doing  child choosing seemed the child could choose exploring different things in art therapy really enjoyed the art / art part important both the art and the art therapist as important art therapist as gentle / ?art therapy as gentle art therapist important	talking and doing  child choosing exploring importance of art importance of therapist importance of gentleness
Parent 2 3 1	I think she'd say yes 166 They would like to do it 179 'yeah give them art therapy'	art therapy as good for someone else friend would like art therapy too good to have art therapy	

what long have  
do they have  
for change  
in 4 terms

Figure 4. Initial coding. This figure illustrates the initial coding process.





**Table 6****Coding Development**

Note. Examples from transcripts are detailed by the participant number: e.g. C1 = child1; P1 = parent of child1; T1 = teacher of child1; AT1 = art therapist of child1.

Main Category	Component Category	Subcategory	Participant Quotes
Referral	Request	Child requested help	P4: Line 192-193: He [child] asked Daddy to umm “Is there someone that can take this [problem] away? Cos – is there someone that can give me medicine?”
		Parent requested help	C4: Line 214-215: When I started having the problems, My Dad said “do you want to go see someone?” and I said “yes”  P9: Line 76: it was me who asked for it  P14: Line 118: I asked to see people who can help her  AT6: Line 26-28: Mum and teacher felt he [child] was getting to a stage where he was becoming much more self-conscious and anxious
		Teacher / SENCO requested help	T2: Line 93-94: I think we [SENCO and teacher] discussed that we, that something needed to be put in place  P7: Line 74-75: ...it was the school that flagged it up, and they’d noticed things in his [child] behaviour, and he has anger issues because he can’t communicate.

## ART THERAPY IN SCHOOLS

			<p>P5: Line 111: ... X [SENCO] suggested art therapy and that's when it first started</p> <p>P11: Line 130-131: She [School worker] just said she thought art therapy would be good</p> <p>T4: Line 52: It would have been X [SENCO] who would have referred that</p>
		Social Services requested help	P1: Line 52: The art therapy was from the social worker
<b>Referral</b>	<b>Target problems / referral reasons</b>	Child identified difficulties leading to art therapy	<p>C11: Line 303: Daddy hurting me</p> <p>C2: Line 490: I used to hide under the table because I was sad</p> <p>C4: Line 227: I couldn't sleep. I kept having nightmares.</p> <p>T15: I think X [child] understood the reasons why he want to art therapy. I think he completely knew that life for him was a bit different and things were going on and that he needed some adult attention um but I also think he felt it was, I don't know maybe almost supportive in school to help him learn really you know.</p> <p>C12: Line 56-62: Umm it was going on not good ... Like um Mummy keeps crying ... and all that... And my sister kept being moody.</p> <p>AT4: For X [child] it was immediately more because of his age and his, you know, "Why am I here?" and also the stigma of being taken out for something in particular and why they've been taken: "Why am I different from everybody else?" which we looked at, you know, and slowly that came to be looked at, but in the beginning we just said "So do you know why you're here?" and he [child] did say "Yes, because my Mum was worried about me".</p>

## ART THERAPY IN SCHOOLS

			<p>T5-1: she [child] understood exactly, I think she understood why it [art therapy] was happening</p> <p>P5: Line 192-193: ... I was happy that that actually came out. You know she [child] actually said it and she understand what she was going to X [art therapist] [for].</p> <p>AT11: Line 275-284: Well I felt it was important for her [child] straight away to recognise that that's [the abuse] why she was there [in art therapy], because some people might find it hard to bring that that's why she came but if I didn't say, start to address it straight away, to say that's what we were there for, we will do it at your own pace, we will do it as slowly as you like, then she might be wondering why I'm not bring that [the abuse], because am I scared to bring it up you know ... So I felt it had to be there straight away, whether or not she actually started bring it literally beginning, that's fine, that's absolutely fine ...</p>
	<b>Target problems / referral reasons</b>	<b>Parent identified difficulties leading to art therapy</b>	<p>P1: Line 54: It was to find out if there were any hidden problems that no one would see</p> <p>P5: Line 65-66: She's [child] always a bit panicky. Always hesitating. She needs reassuring no matter what you do.</p> <p>P5: Line 73-75: ...there's been a big thing with girls not wanting to be her friend and that was a bigger shock for X [child]. She [child] thought "Well what was going on?" She really went down a bit with that.</p> <p>P10: Line 46-47: so that year for us [Parent and Child] was just kind of like we had lost so much that we were attached to</p> <p>P9: Line I don't think he [Child] was grieving properly, and he just – he wasn't sleeping, he wasn't you know communicating properly, he was just having hissy fits and tantrums</p>

## ART THERAPY IN SCHOOLS

			<p>P12: Line 109: She [child] wasn't sleeping and her behaviour was quite bad and she was quite an emotional little girl.</p> <p>P11: Line 110: Um just before the art therapy um X [child] had actually been beaten up by her Dad.</p> <p>P8: Line 59-60: ... cos she [child] had a lot of problems with her speech and language and that</p>
	<b>Target problems / referral reasons</b>	School staff identified difficulties leading to art therapy	<p>T2: Line 83-84: [child was] getting quite sort of a bit depressed, just seemed a bit sort of down and depressed really</p> <p>T5: Line 32-33: when she's [child] out in public that's when she feels as though people are staring at her and she feels very self-conscious</p> <p>T10: Line 84-85: She [child] came from another school, apparently there were issues at the other school, um that she brought with her to begin with</p> <p>T4: He's [child] part of that [friendship difficulties], so that's been quite emotionally draining for him</p> <p>T15: Line 43-44: there has been points obviously when things have been poor for him [child] and he's completely disengaged and hid under tables</p>
	<b>Target problems not specified</b>	Child unclear on difficulties leading to art therapy	<p>C5: Line 532: I don't know why I went to art therapy</p>

## ART THERAPY IN SCHOOLS

	<b>Target problems not specified</b>	Parent unclear on difficulties leading to art therapy	P3: Line 95: ... something to do with his mum's emotional state and this and that
	<b>Target problems not specified</b>	Teacher unclear difficulties leading to art therapy	AT4: Line 112-114: sometimes you find that the teachers are actually confused by why these kids are having art therapy because they don't have access to information
	<b>Rationale for Art Therapy</b>	Adult Attention	<p>T15: Line 79-81: So he [child] was seeking out adult attention, particularly mine three, four, five, six times a day. Would turn up at my door almost just to check in – not even to talk but just to check in. It was a very needy thing so it was felt that he needed art therapy.</p> <p>T15: Line 86-87: ...just that adult attention really – that I felt he [child] wasn't getting at home because his mum wasn't in the right place. So and it was felt that it would be contained and nurtured better in art therapy.</p>
	<b>Rationale for Art Therapy</b>	Talking	<p>T15: Line 92-95: we wanted to give X [child] the opportunity to be able to talk about what was going on at home without retribution and we was kind of hoping her would be able to ex-sponge a little bit.</p> <p>T2: Line 95-96: [Art therapy was] something like that where she [child] can sort of discuss how she's feeling is a good, good opportunity for her</p>
	<b>Rationale for Art Therapy</b>	Self-awareness Self-confidence	<p>T5-2: Line 99: ...it was about exploring her identity</p> <p>AT12: Line 105-117: ...it was like come in and sort of make everything alright. Like there's sort of an art fairy, and you know, solve all of those problems ... And of course, I always stress that it is not a behaviour therapy, but however you know, there</p>

## ART THERAPY IN SCHOOLS

			<p>might be a raise in – she [child] might feel better, her self-confidence might be raised and her mood might be raised and so you have to assess that really ... she might be able to focus more because it might because it might enable her to get a sense of how to start to focus more, and how you kind of do that ...</p>
	<b>Rationale for Art Therapy</b>	<p>Expressing feelings Managing feelings Understanding feelings</p>	<p>AT6: Um, so I wanted him to, I thought, to have a, to have a kind of version of special, you know separate time, that wasn't targeted or focused, or designed with a particular outcome in mind, might be quite reliving for him, and might allow him to um, yeah, just take possession of being some of the feelings around, how he feels about being in the world</p> <p>P13: Line 150: ... the art therapy to find out what's inside</p> <p>P12: Line 124: So yeah and she [child] might be able to express herself better through play than through talking so</p> <p>P7: Line 83: So I suppose it [art therapy] was to try and find ways to calm him down.</p> <p>P7: Line 101-102: That it [art therapy] was a way for him [child] to talk to someone about, or draw actually, his emotions and how he feels, just a way of expressing himself.</p> <p>P11: Line 130-133: Um yes she [school support worker] just said that she thought art therapy would be good because it will help like um her [child] express her emotions and work through them without actually having to verbalise them as such ... um cos she wouldn't verbalise what she was feeling</p> <p>AT11: Line 203-209: Yes, so that she [child] was prepared to manage her emotions better and, erm, that she would become more robust really ... So there was an understanding really that therapy would maybe offer her that, that she would become more robust, more able to understand what happened.</p>

## ART THERAPY IN SCHOOLS

Existing Relationships	Relationship with art	Likes art	<p>P8: Line 22: She [child] loves that [drawing]</p> <p>T15: Line 187-188: he [child] does love art I know he does</p> <p>T6: Line 73: he [child] enjoys um art, he loves doing art and drawings and things like that</p> <p>P12: Line 8: As I say she [child] absolutely loves drawing</p> <p>P6: Line 96-97: It's funny cos X [child] loves running around. But he loves art maybe a bit more than – cos he loves to stand and draw.</p> <p>T10: Line 191: for her [child], yeah, cos she was, she [child] did like drawing and painting</p> <p>P2: Line 13: She [child] enjoys anything to do with art</p> <p>C2: Line 449-450: Well I like it when we do like exciting things like we go on a trip, or we, like, we like, paint things and stuff.</p> <p>C12: Line 28: My favourite thing is music and dancing and art and music.</p> <p>C9: Line 164: [Favourite things] It would be art and football</p> <p>C8: Line 77-81: I like making a poem ... and drawing pictures</p> <p>P11: Line 6: Um she [child] loves art</p> <p>P11: Line 286: ... she [child] could still and do art all day</p>
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## ART THERAPY IN SCHOOLS

			<p>P5: Line 40-42: ... and when it comes to art she [child] loves it because she can just let go you know she – she can just mix all the colours. Doesn't mind at all getting – making a mess or getting in a mess.</p> <p>AT11: Line 54-55: ... she likes art and doing anything with art and decorating and drawing and stuff like that.</p> <p>AT12: Line 77-78: ... she quite liked doing art and things like that</p>
<b>Existing Relationships</b>	<b>Relationship with art</b>	Dislikes art	<p>P4: Line 183: He's not a creative boy at all.</p> <p>P9: Line 100: he [child] doesn't really like art</p>
	<b>Relationship with school</b>	School as a good place	<p>P10: Line 76: This school is brilliant</p> <p>P8: Line 36: oh, she [child] loves school</p> <p>T5-1: Line 14: ...she [child] loves coming to school, absolutely loves school</p> <p>C7: Line 434: I actually feel lucky because I come here [to this school], it's that good</p> <p>C1: Line 587: I love my school</p> <p>P5: Line 76: ... I love the school. No they are very good. Brilliant brilliant.</p>
	<b>Relationship with school</b>	School not as a good place	<p>C13: Line 114: the whole school is crazy</p>

	<b>Relationship with activity</b>	<p>Child as active Child as a doer</p> <p>P6: Line 96: It's funny cos X [child] loves running around.</p> <p>P3: Line 24: he needs to be busy, because he is, you know, always on the go</p> <p>P5: Line 39: She [child] plays a lot of sport. She enjoys swimming. She'll take part in everything...</p> <p>AT6: Line 25-26: he [child] appeared to be very lively out there in the playground, quite, a bit chaotic in the playground.</p> <p>T10: Line 19: she [child] enjoys all physical kind of um activities</p> <p>T6: Line 210-211: ...he's [child] very, likes to do things, if it was moulding something that he would, he'd enjoy as well. Yeah he loves building things.</p> <p>P13: Line 78: He [child] loves making things – he's very much a doer.</p> <p>P13: Line 84-85: Yeah he [child] finds it [doing] easier – so I suppose he can see it happening – he hasn't got to pull it all together in his head.</p> <p>P14: Line 26-27: She [child] loves football and she's very hyper. She's a very hyperactive child.</p> <p>C9: Line 164: [Favourite things] It would be art and football</p> <p>C8: Line 85: I like baking stuff</p> <p>AT11: Line 31-32: And she [child] also likes doing lots of things. She likes making stuff with her hands. So she's quite a sort of child that – she's into craft and things.</p> <p>AT12: Line 415-416: ... in a sense she [child] has always been a bit of a doer, you know she liked to play football, so she liked to be kind of active ...</p>
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## ART THERAPY IN SCHOOLS

<b>Approach: Child Centred</b>	<b>Child's Choice</b>	Choice of materials Choice of activities	<p>C10: Line 850: so I made anything that I want, like, anything like that</p> <p>C3: Line 306: I don't care about things, as long as I can do what I'm doing</p> <p>C10: Line 849-850: She [AT] said, well "you can make whatever thing that you want"</p> <p>C3: Line 277-279: the first like two sessions she [AT] was just like saying, "would you like to do this?"; asking me if I wanted to do it [art activity], she didn't make me do it, so I could do what I want really</p> <p>C12: Line 96: Err I get to choose what to do</p> <p>C8: Line 569: [I got to] Choose what to do</p> <p>C11: Line 335: I got to choose a purple folder</p> <p>C2: Line 542: I could a little bit choose.</p> <p>C4: Line 292-293: she [AT] would say "do you want to play with sand, do you want some collage?" and then I would say like if she says that then I go painting</p> <p>T10: Line 119-120: they [art therapist] take it from what the child's doing and what the child's saying and take it from there</p> <p>P9: Line 120-121: she [art therapist] lets him decide what to do</p> <p>P3: Line 154 -155: ... I think he was probably allowed to choose what he wanted to do because that's how it sort of seemed to be...</p> <p>AT4: Line 245: ...for this hour you can do whatever you like and then we'll look at it</p>
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## ART THERAPY IN SCHOOLS

			<p>P2: Line 102-107: ...she [child] would be making things, she could do whatever she wants, and that was it really. And she can talk or do whatever she wants.</p> <p>P9: Line 207- 208: She [Art therapist] said when he [child] first – he just sat there because it was like he didn't know what he was allowed to do</p> <p>AT4: Line 259-260: so we try and let the client lead us to what they need</p> <p>AT11: Line 277-278: we will do it at your own pace, we will do it as slowly as you like</p> <p>P6: Line 249-250: And I was a bit concerned that they would make him do concerned things and they said no they go with the flow – it's all – they'll make it out of – whatever X's [child] interests are.</p>
<b>Approach: Child Centred</b>	<b>Child's Choice</b>	Mess Freedom Permission	<p>C2: Line 555: Yeah, she'd [Art Therapist] even let me get paint and sand and water, put it into a jug and then start mixing it.</p> <p>C5: Line 587-593: Err, I knew I was always going to like to paint, and I always painted, but then once I painted, I ruined the picture. I like to mess it up and do, and just like feel the paint. I like to just ... mix it up and stuff.</p> <p>P5: Line 40-42: ... and when it comes to art she [child] loves it because she can just let go you know she – she can just mix all the colours. Doesn't mind at all getting – making a mess or getting in a mess.</p> <p>C2: Line 550: I can do anything actually. I can like, make a mess.</p> <p>P5: Line 228-232: She [child] was given the opportunity to just, just let go of everything and all these things [art materials] in front of you – just do it and that's why I was happy because she had all these facilities and all these things and maybe you can't do in class and you can't do it all you know umm – it's – that's – that's the</p>

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			<p>things I was happy about. She wasn't restricted with anything in any of these sessions which I liked yeah.</p> <p>AT11: Line 523-527: ... in art [therapy] it [spilling] doesn't really matter, there's only me and we can just, you know ... mop that up and also there was often stuff that it didn't matter if you knocked over ...</p> <p>T5-2: Line 319-320: I think it's [art therapy] entirely different from what they're used to. They [children] might be using the same stuff [art materials] but they will explore it more and they'll be freer and looser...</p> <p>P6: Line 317-318: ...so I think for X [Child] it must be that there's less structure which he would possibly like – free flow – For him wanting to do whatever he wanted to do and talk about things maybe have conversations...</p>
<b>Approach: Child Centred</b>	<b>Child's choice</b>	Choice of talking Choice of not talking	<p>T5-2: Line 366-367: And I think that's really important, that they've got that opportunity, to say nothing if they want, as well you know.</p>
<b>Approach: Child Centred</b>	<b>Child's perspective</b>		<p>AT11: Line 643-644 Erm, I think the sort of way that you orientate, when you are looking at art work, you orientate, to where there, so in this case, where the child is looking at the world ...</p> <p>AT11: Line 646-650 ...we're both getting down, looking at the castle together, so we're both really close to that, and so that enables her [child] to start to feel that somebody is alongside and maybe seeing the world how she sees the world and</p>

## ART THERAPY IN SCHOOLS

			understanding some of that, and then offering some way to communicate that other people ...
<b>Approach: Child Centred</b>		Difficulties with choice	<p>AT4: Line 297-304: So within an experience of having many choices and no agenda being imposed on him [child], there's a balance between containing the potential overwhelm – but not restricting the choices equally, but helping him express preferences, yeah okay.</p> <p>P7: Line 203-205: ...I have a feeling that he [child] mentioned that um sometimes it was directed in a certain direction, instead of him just doing what he wanted. I don't know if, obviously I'm no expert, but I don't know if they should just let him do whatever.</p> <p>C3: Line 535-536: she [recent AT] just didn't let me do anything. I asked could you [AT] move the tables over there because I want to do something else - "No".</p>
<b>Approach: Child Centred</b>	<b>Individual</b>	Own time One to one Separate to class	<p>P10: Line 57: X [child] had her own time to express what she wanted to feel</p> <p>P1: Line 63-64: ... it was all about it would be her [child] space for her to explore things and do things.</p> <p>P1: Line 87: She [child] enjoyed having that little bit of her time.</p> <p>P3: Line 447-449: I think it was nice for him [child] to have his own time. I don't think it would have worked as well in a group because there can be distractions in that, and he probably liked the one to one ...</p> <p>P6: Line 248: And it would be 45 minutes or whatever it was an hour of his own time.</p>

			<p>P4: Line 257-258: I don't know if he [child] knew that was his time just for him to talk and X [Art Therapist] just to sit there and listen.</p> <p>P10: Line 97: this is me and your time</p> <p>C5: Line 651: I would do art therapy by myself</p> <p>T2: 185: you can sometimes tell she [child] does quite like the attention side of it</p> <p>P6: Line 231: And I think for X [child] is was nice cos it was all about him ...</p> <p>P14: Line 162-166: because it was her [child] and X [art therapist] by herself, doing it, you understand what I'm saying, she likes that sort of company because she's getting all the attention, d'you understand me, she likes all the attention. So because a lot of kids wasn't there, getting that attention, X [art therapist] is just focusing on her, d'you understand what I'm saying? So she find it very good, she find that one good.</p> <p>T15: Line 201: he [child] is probably absolutely loves the fact that he's got it all to himself</p> <p>T12: the one to one conversations</p> <p>P12: Line 255-256: I overheard her [child] saying that "I just want my week with my art teacher X [sister]"</p> <p>C5: Line 599-600: she [Art Therapist] said it supposed to be about you and we can't like, it's not good to talk about me [Art Therapist]...</p> <p>T5-2: Line 107-109: ...we wanted to give her the opportunity to talk to somebody, you know, just the time set apart where she could do the art making</p>
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## ART THERAPY IN SCHOOLS

			<p>T5-2: Line 359-361: You know they might go in, and they might just do the art, but over time they develop a relationship with X [Art Therapist] and they, you know, it's got nothing to do with anybody else, you know.</p> <p>T5-2: ... it would give her [child] time to be away from her friends, and away from her class, away from X [teaching assistant], away from her family, and just to have some time for herself with somebody that she trusts and um she can say anything to ...</p> <p>P5: Line 115-116: Maybe she [child] wants to be in a place where she's away from her you know classmates and maybe at home I don't know not feeling that she wants to ask things.</p> <p>T5-2: Line 386-388: I think she would value, she would know that was a space for her, you know, just for her, and not have to fit in, not have to answer to Mum, not have to answer to her teacher, or me, or anybody.</p> <p>P6: Line 253-254: Umm – so I think it was quite nice for him that it was something that was his thing.</p> <p>T5-1: Line 46-47: It was quite nice, cos obviously for X [child] it was sort of a separate thing and she really enjoyed it being something separate that she did from the class</p> <p>C7: Line 616: I felt like I had something that I actually liked</p> <p>C13: Line 218: it's [AT] getting me out of learning for a while</p>
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## ART THERAPY IN SCHOOLS

<b>Activities</b>	Doing	Making Painting Drawing	<p>P14: Line 162: she [child] liked making stuff</p> <p>AT12: Line 180-181: So she [child] did use quite a lot of paint, she did quite like that. She really liked clay as well. Erm she liked getting a bit messy ...</p> <p>C8 Line 270: We, we done, we done colouring</p> <p>C9: Line 234-238: Erm, sticking ... and drawing</p> <p>C6: Line 252: And we did some drawing.</p> <p>P8: Line 81: Yeah, she [child] made a picture or somethin'</p> <p>P8: Line 146: She [child] used clay and that, paint and that</p> <p>C6: Line 272: I liked to do the clay and the Lego.</p> <p>C12: Line 258: [Liking clay because] you get to make anything and it goes everywhere you want it to</p> <p>C7: Line 548: I did some sand</p> <p>C2: Line 534: She [Art therapist] drew pictures with me</p> <p>C1: Line 276: I used to love painting fires and volcanoes</p> <p>C5: Line 619-620: I like to paint and I like to stick things and stuff like that, yeah.</p> <p>C11: Line 478: Um I always make things</p> <p>C11: Line 484: I do painting, sticking a lot</p>
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			<p>C2: Line 129-132: I was drawing flowers last time [in art therapy], because there were lots of pictures of flowers that kids did, and then I tried to draw one, but I failed and then it started looking like a cactus, so then I changed it to a cactus.</p> <p>P3: Line 142: drawing and all that stuff</p> <p>C1: Line 661: we [child and AT] have quiet times, drawing and making stuff</p> <p>C10: 875-876: Painting, drawing, and what else, erm, what else, erm, painting, drawing, making a photo</p> <p>C1: Line 710-711: I liked, like mostly it was all like making stuff, I liked, and that's pretty much all that I enjoyed</p> <p>T5-1: Line 52: She'd [child] come back completely covered head to toe in paint</p> <p>P2: Line 183: She [child] likes the art, so she'll be talking and doing.</p> <p>C12: Line 145: because I'm using - like get to do like art and talk and all that</p> <p>T4: Line 113: with the art side, I dunno how into art he [child] is anyway cos I don't teach him [art]</p> <p>C7: Line 688: It's better to see her with the art because I know why I'm seeing her</p> <p>C10: Line 976: well I would like it with art stuff</p> <p>P1: Line 86-87: And she [child] could say you know that they played with water and sand and – she'd, she'd just basically really enjoyed it.</p> <p>P11: Line 184-187: Um in fact she's [child] being really quite – if she's had quite a traumatic time with the Dad visit she will come home and she's got a bag from art</p>
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## ART THERAPY IN SCHOOLS

			<p>therapy and she will collect bits from around the house and put it in the bag and say “Right I’m talking about this in art therapy and I’m making this while I’m doing it”</p> <p>AT11: Line 397- ... so she [child] would be taking something out, so something little that she had put in the box that she would be thinking about, so then she would bring all of that back in so she would remember every time to bring that back in – to say “I’ve still got my heart in a box and my clay piece in a box” and it’s built up over time, plus other bits that she had remembered along the way, so it was as if she was always thinking “Ah I’m getting ready for that, for the art therapy”</p> <p>AT12: Line 343-344: And so she [child] would feel that she was capable and she could do the art, she could achieve a lot, she could make something in clay quite quickly ...</p>
			<p>T15: 190-191: You know I think X [child] would have struggled to sit and talk for 45 minutes. I think the art is the distraction at the beginning and then the focus eventually – isn’t it?</p> <p>T5-2: Well, I think a lot of our children just couldn’t do the talking, I really think they couldn’t talk. A lot of them, X [child] being one of them- some of our children, I mean they, they, can’t talk. They, they’re not, not to friends, not to family, not to anybody, you know they just don’t have that, that means to do it. So that’s another reason why I’m not sure about the counselling. I don’t know if they would elicit information or elicit feelings, or, how they do that. I just know that – I believe – that they can do it, they can build it up, they can, I think they will do it through the artwork.</p> <p>T6: Line 254-256: I think they’d [child’s parents] feel that he’d [child] get more out of it [art therapy] because he’d [child] feel more comfortable in that sort of art, sort of surrounding doing something, talking at the same time</p> <p>T12: [child was] distracted by the art</p>

## ART THERAPY IN SCHOOLS

			<p>T12: doing is beneficial</p> <p>AT4: Line 33-34: so when he [child] was able to use the sand or, it was a lovely exploration for him.</p> <p>AT4: Line 232-233: I think therapy is a lot about the doing, it's really about the doing</p> <p>T5-2: Line 369-374: And they're not sitting in a room with, which you know they're looking at a person, they're actually doing something, they don't have to give eye contact you know. Whereas if you're in a, well yeah you know, I'd be mortified if I was a child, having to look someone in the eye and talk about my feelings, or talk about anything really. Someone in a one to one situation, if you're that kind of child, quiet and reserved, and also, you've had a lot of pain, one way and another. So I think it's a really good way to do it.</p>
	Talking	<p>Talking freely</p> <p>Asking questions</p> <p>Talking about difficult things</p> <p>Hard to talk without art</p>	<p>P10: Line 97-98: you can talk about anything you like</p> <p>C10: Line 921: You can have chats and things like that</p> <p>P5: Line 114: That she [child] could ask anything she wants, that she could say anything she wants, her concerns.</p> <p>P1: Line 73-74: ... X's [art therapist] there for you to talk to if there's anything that you want to talk about ...</p> <p>C12: Line 98-100: she [AT] just like let me do the talking - no she asks me questions ... but then I ask 'em back – I tell her the answer</p> <p>P4: Line 257-258: I don't know if he [child] knew that was his time just for him to talk and X [Art Therapist] just to sit there and listen.</p>

			<p>T2: Line 143-144: I think for her [child] a lot of it is talking through why she's feeling a certain way</p> <p>T2: Line 187-189: I think that adult side of things</p> <p>P10: Line 101: I think it ended up X [child] investigating X [Art therapist] about marriage things</p> <p>T5-1: Line 79-80: going to the art therapy she [child] was able to talk about all the other things</p> <p>AT6: Line 131-133: So it felt like a sort of version of communication where there was some kind of to and fro going on, having an impact on each other.</p> <p>T6: Line 85-86: ...he's [child] not one of those children that will kind of happily chat, chat, chat, he will do if he know you well but if he doesn't know he adult he wouldn't be very happy doing that</p> <p>T6: Line 218-219: You'd be able to get, probably get him [child] to talk a bit more and feel more comfortable because of it [the art]</p> <p>T6: Line 221-223: And I think without the toys or without that other element [art] I think it would be very hard to find out exactly how he was feeling definitely, that's a definite.</p> <p>T12: Sustained talking would be too hard</p> <p>P4: Line 474-475: No he [child] don't talk. He wouldn't never talk. All he ever knew was hands and feet and just sitting here like this he wouldn't – he'd been like "Why should I talk?"</p>
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## ART THERAPY IN SCHOOLS

			<p>P13: Line 290-292: Yeah because like most kids – as you know – I mean they’re feeling awkward – I mean put their mind at ease – give them something to do – they want to do – and he’ll just chat along while they’re doing it. It’s no – I think it’s [art] the only way to start getting them to relax</p> <p>AT11: Line 185-186: ... there was a bit of a fantasy that she [child] would come and tell me all, but actually she was able to talk quite early on about the [abuse] experience</p> <p>C7: Line 697: Quite hard [to just talk without the art] because you have to just sit there and do nothing and just face them in the eyes</p> <p>C8: Line 681: Sometimes we chat when we doing making stuff.</p> <p>C13: Line 353: Mmm been a bit boring [without the art]</p> <p>T5-2: Line 107-109: ...we wanted to give her the opportunity to talk to somebody, you know, just the time set apart where she could do the art making, or she could do it throughout, talking to X [Art therapist]</p> <p>T5-2: Line 166-167: So I think everything, you know, coming out in the open, being able to talk to her [Art Therapist] about things</p> <p>T5-2: Line 365-367: But I think the older ones, you know, they’re not coming from those families where feelings are discussed or, you know, then they would find it more difficult. And I think that’s really important, that they’ve got that opportunity, to say nothing if they want, as well you know.</p> <p>C8: Line 681: sometimes we chat when we doing making stuff</p> <p>C2: Line 579: I think we [child and AT] did a lot of talking</p>
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			<p>P4: Line 260-261: Because I don't know does she [Art Therapist] even talk because sometimes he says "Oh no we just – no we don't talk Mum" but they know off each other what they're making if you get what I mean.</p> <p>C3: 288-293: sometimes the things that she [AT] told me, I found them interesting, because I didn't know about them ... but sometimes I found them boring</p> <p>C13: Line 359: too much chatting is a bit too much sometimes</p> <p>C6: Line 300: Not noisy, she [Art Therapist] was just talking.</p> <p>C11: Line 494-498: Um we talk about things about Daddy ... and what I've done ... and lots of other things</p> <p>C11: Line 559-561: Um because um X's [Art Therapist} talked to me ... about what to do when Daddy's angry it's helped me</p> <p>C10: Line 965-967: A bit good and a bit not good because the good part that I could make stuff, but the bad part was she [Art Therapist] does not ask me any questions, but I did want her to ask me questions.</p> <p>C9: Line 242: And doing questions</p> <p>P11: Line 184-187: Um in fact she's [child] being really quite – if she's had quite a traumatic time with the Dad visit she will come home and she's got a bag from art therapy and she will collect bits from around the house and put it in the bag and say "Right I'm talking about this in art therapy and I'm making this while I'm doing it"</p> <p>AT12: Line 288-290: ... she [child] was able to talk about her, erm, her father. She was quite scared. She had nightmares and talked about how she felt about those nightmares and what was happening there and being scared.</p>
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## ART THERAPY IN SCHOOLS

			AT12: Line 304-305: ... that was okay to speak about that [domestic violence] and that would be alright and that you [child] would be protected ...
<b>Framework</b>	Relationship	Containing Fair Listening Responsive Helping Gentle Non-intimidating, non-intrusive Together Learning	<p>P10: Line98: She's [Art therapist] such a warm person</p> <p>C12: Line 166: yep [AT] talked to me and say to feel comfortable - to feel confident about yourself</p> <p>P4: Line 256-257: ...this is your comfort zone that you know the bond he's made with her [Art Therapist]</p> <p>P10: Line 330: X [Art therapist] is amazing</p> <p>T15: Line 136-137: So whatever was going on for him [child] was containing him.</p> <p>T15: Line 181: It [art therapy] almost sort of nails him [child] down really.</p> <p>AT6: Line 69-73: ...he [child] took possession of particular toys and structures that he liked to store in his box, and returned to them, and then little by little um he began to incorporate things that I made while watching him, into his play, so we kind of very much interacted though the materials in the room, um and left him quite strongly in control of how much he felt like engaging with me or not.</p> <p>AT6: Line 78-81: ... I was clearly there and responding, but following and not um, yeah, trying not to intrude, trying to track, track him [child], rather than um, engaging in a very vigorous way. I think vigorous engagement is what he gets a lot of.</p> <p>AT11: Line 646-650 ...we're both getting down, looking at the castle together, so we're both really close to that, and so that enables her [child] to start to feel that</p>



			<p>somebody is alongside and maybe seeing the world how she sees the world and understanding some of that, and then offering some way to communicate that other people ...</p> <p>T5-2: Line 369-374: And they're not sitting in a room with, which you know they're looking at a person, they're actually doing something, they don't have to give eye contact you know. Whereas if you're in a, well yeah you know, I'd be mortified if I was a child, having to look someone in the eye and talk about my feelings, or talk about anything really. Someone in a one to one situation, if you're that kind of child, quiet and reserved, and also, you've had a lot of pain, one way and another. So I think it's a really good way to do it.</p> <p>P1: Line 58-59: ... so we went for the non-invasive approach of art therapy um which X [art therapist] was great with ...</p> <p>P1: Line 201-202: Art therapy's a way of gaining your child's trust – I find that's – I'd say that's what works with – especially with my two anyway</p> <p>P1: Line 206: They [child] don't want to be sat there and directly spoken to – it's – a gentle approach works better</p> <p>T5-1: Line 158: I think the art, doing it through the art, means she's not bring sat at and spoken to</p> <p>T2: Line 158-160: she [child] doesn't really like that sort of one-on-one adult sort of telling and asking her, she not very open in that sense</p> <p>AT6: Line 125-126: he [child] definitely moved on from wanting to mainly use ready made things, to being quite interested in, in engaging in sort of slightly strange, wonky things that I might have produced.</p>
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			<p>AT6: Line 133-134: that idea of imagining what someone else has in their mind, and demonstrating it, and then letting them take it back and change it.</p> <p>AT6: Line 141-145: ...making art that's in response to what they're doing is very helpful because it allows me to have a conversation about what I was doing, what I might have felt like when I was doing it, that doesn't, it doesn't necessarily compel them to talk about their artwork, but it models what might it be to be looking at what someone else is doing and thinking about.</p> <p>AT6: Line 198-199: ...there is a kind of quality of attentiveness and alertness, when you don't know what you're getting into, that can be quite positive I think.</p> <p>T5-2: Line 203-208: Um so I think X's [Art Therapist] been really good because she's not seeing her [child] as, you know, in the education setting, she's not seeing her in the home, you know, what she needs for home, what she needs for a school outing, what she needs for, to go to the toilet, what she needs to get up; she's [Art Therapist] seeing her in a completely different way, to do the art she loves doing, and just talk about everything...</p> <p>C4: Line 271-272: she [AT] would be listening and helping me if I was like, if I was stuck on something</p> <p>AT11: Line 322-325 : ... part of the work was as well to, sort of enable her [child] that it was okay to ask me to sort of help with that, that I could sort of help maybe get that really right for her so that was okay to ask, you know, how do I do this?</p> <p>C7: Line 683: Well she was definitely kind and she listened</p> <p>C11: Line 539: really good [at listening]</p>
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			<p>C7: Line 606: Err she would just watch me and ask me questions</p> <p>C4: Line 279-280: Because she [AT] usually says that she don't want to get involved just because it's my like art</p> <p>C10: Line 497: [we did] the same things together and different things as well</p> <p>C1: Line 639: X [AT] was drawing with me</p> <p>AT12: Line 467-469: ... you're right in there with them, you are going to get splattered and that's kind of okay, that's part of being art therapy and stuff like that.</p> <p>C3: Line 426: I thought it [letting me bounce the ball] was nice of her [AT] because normally adults don't like you throwing ball around the place because it might mess things up. But she [AT] didn't mind.</p> <p>C3: Line 543: she [main AT] wasn't just fair she was fair to her so it worked two ways</p> <p>P1: Line 178: ... X [art therapist] is there to help</p> <p>C5: Line 678-679: Yeah, and she [Art Therapist] like helps, so when I say I don't like this, she helps us to like, she helps us. Change</p> <p>C12: Line 126: Like she [Art Therapist] helped me – sort of helps me</p> <p>C12: Line 166: [Art Therapist] Yep talked to me and say to feel comfortable – to feel confident about yourself</p> <p>AT12: Line 280 – 283: ... that containing, that care, that feel that you're worth caring about because there was a sense that this was a bit toxic, she [child] was a bit, ooh,</p>
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			<p>she's all a bit naughty and, you know, you might get paint splattered all over you, sort of thing.</p> <p>P1: Line 186-187: ... X's [art therapist] a very gentle person and I think you have to be to be in that sort of work</p> <p>C4: Line 474: She [AT] was kind. She was nice and she never said "don't do that, don't do that"</p> <p>C2: Line 652: She [AT] helped me feel happy</p> <p>C7: Line 717: It was quite sad [the ending], because I fully knew her and I had to get rid of her.</p> <p>C10: 1017-1019: It was when I started to come in the X class she [AT] said I won't be working with her anymore because when I'm going up to Year X I won't be working with her anymore, and that was the saddest thing that I ever wanted</p> <p>AT11: Line 499-501 ... at the very beginning her [child] sort of neediness you could say was when she had left she found it quite hard to leave the session and she would hold my hand when she walked back [to class]</p> <p>AT11: Line 507-510: And I think that was probably a sense of just checking that that person who, I think is was to do with Dad, so that person who had just been sharing stuff with her so that was quite intimate, you know, quite painful at time, that was okay. I was okay with it and she was okay with it and I was not going to just suddenly change ...</p> <p>AT11: Line 681-686: Erm, I think in her [child] case, the trauma was so devastating, unless somebody got you know, because I'm remembering very clear her conversation, her description ... it would have been too painful probably to share with Mum, it would have been too difficult to do that unless you know that you are</p>
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## ART THERAPY IN SCHOOLS

			<p>doing that with a professional that can take that and that's okay and you build up that relationship</p> <p>P4: Line 495: Maybe having somebody is important but it's not the magic thing ...</p>
	Private	Boundary Own Unknown Quiet Calm Relaxing Restful	<p>P5: Line 119: A private space, yeah, yeah.</p> <p>P10: Line 332: She's [Art therapist] so calm and chilled – it's unbelievable!</p> <p>P9: Line 139-140: He's [child] very private anyway, and he lost so much control in our house that I let him keep it [art therapy private]. So it [art therapy] was his thing, his private thing, which I don't mind.</p> <p>C4: Line 615: but if we [child and AT] talk I just keep it between me and X [AT]</p> <p>P2: Line 150-151: Never, she [child] doesn't say anything. When I ask her she says "Oh we just did this and did that" and that's it. She doesn't really say anything else about it.</p> <p>P9: Line 345-346: at the end of it [art therapy] she [art therapist] said "X [child] do you want to take your work home?" and she said "it's up to you if you want to show anyone" (could go in choice code too)</p> <p>T15: Line 123-124: He's [child] been very private about it [art therapy]. He's not, he's not really shared it. I, I don't think he's shared much with Mum. But he certainly hasn't shared it with me.</p> <p>AT6: Line 20-22: [child was] quite private and it seemed very important to him that he could be quite private and that I wasn't going to want to know all about him or pump him for information, or need to get very close inside his head.</p>

## ART THERAPY IN SCHOOLS

			<p>AT12: Line 182-184 ... her [child] presentation initially was that you would think that she was really uncontained but actually she was, I think she got a sense quite quickly that art therapy is containing, that the whole sense, the room is containing ...</p> <p>T15: Line 185-187: X [child] his home life is noisy and chaotic you know with four young children umm I think the fact that it is a very quiet environment and X [art therapist] is a very calm person and quiet herself. I think he clearly finds that a complete contrast to what he's used to at home</p> <p>P7: Line 108: ...it was a calm environment, you see, so he would have enjoyed that anyway...</p> <p>T10: Line 193: it was a calming time</p> <p>C13: Line 225: I like it being a bit quieter</p> <p>Child 13: Line 220: err yeah it does actually [give my brain a rest]</p> <p>P3: Line 142-143: ... I thought drawing and all that stuff, because it can be really relaxing, can't it ...</p> <p>T6: Line 142-143: ... he [child] wouldn't necessarily talk about himself and the art therapy</p> <p>P13: Line 214-215: So I didn't want to ask him [child] what's being said [in art therapy] because that's private and I've got nothing to hide – so I've got nothing to worry about and I've got no reason to quiz him whatsoever.</p> <p>AT4: Line 244-246: It's explicit in the doing, exactly, and the boundaries of basically this room for you [the child] and for this hour you can do whatever you like and then we'll look at it. So it's much, it's in the actual boundaries of the therapy.</p>
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			<p>AT12: Line 237-241: ... this was a child who has lots of chaos in her life, she thinks she needs to grab the things, you know, straight away before they get taken away from everybody else, erm, and then all of a sudden you can see that she is saying, ah I don't need to do that because actually they are still going to be there and things are going to be kept safe.</p> <p>P6: Line 276-278: ...and he'd come home and he was quite happy to tell me that he'd done in session sand he'd go "Oh I played with X [toy] today and we done..." and I don't think he told me everything but I think he told me what he wanted to tell me which was fine.</p> <p>P6: Line 338-339: ... it was very secretive the art</p> <p>T2: Line 122: no, she'd [child] never say anything about the session or tell me anything about it</p> <p>AT12: Line 145 – 146: I think she [child] was quite private at times. Yeah, I don't thnk she was okay about sharing that [art therapy] at the time ...</p> <p>T10: Line 129-130: she didn't really say anything of what happened with, she, she never mentioned the things that she did with X [art therapist]</p> <p>C4: Line 606: But sometimes like she [Mum] says if there's something you don't want to tell me [about AT], then you don't have to</p> <p>P11: Line 512-160: I mean they [Art Therapist] did say I wouldn't be allowed to – unless she [child] disclosed anything and said that I could know – I wasn't – I wouldn't be finding out ... I was told that um and to start off with she's come home and she would say "Ooh I made a dog today" or ... And she wouldn't really talk about it other than what she'd made</p>
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## ART THERAPY IN SCHOOLS

			<p>P3: Line 167-168: ... he [child] used to come home and say “Oh I done I wicked drawing of this” or “I done that”. Yeah no he would come home and he’d talk about it, yeah.</p> <p>AT11: Line 344-350: I think she [child] probably was telling Mum and I think she probably sort of saying, concentrating more on the fun bit, you know ... And then she was saying to her friends, I think, sometimes telling them what she did and that it was okay</p> <p>P5: Line 166-168: She [child] would say “I’ve decorated a box” and I’d say “Oh that’s nice. What’s the box?” “Oh it’s my special box and put whatever it is in it”. She would always, always tell me yeah, yeah most things.</p> <p>P5: Line 363-365: X and X [art therapists] were very clear about everything – this is when it’s [art therapy] gonna start and this is when it’s gonna finish – remember next Monday is our last session.</p>
		Appraisal of privacy	<p>P12: Line 334-335: I have had umm regular updates with X [art therapist] – I’ve had a couple of meetings so. I usually get me answers and things there so –</p> <p>T5-2: Line 479-480: I think she just knows how to handle parents by not saying too much about what happens in the sessions, but giving the reassurance.</p> <p>P6: Line 232-235: ... as a parent you kind of want to know what’s going on – But I could appreciate that actually it’s for the child- especially as they get older for them knowing that there’s confidentiality about even to their parents</p> <p>P6: Line 34-353: She [art therapist] did say some kids like to share things with their parents – some kids don’t. What was nice was X [art therapist] very much protected X [child]. It wasn’t about my feelings and about – it was very about X [child] and X [child] being able to feel comfortable and express what he needed to express within those four walls and with X [art therapist] and within his play. And I quite liked that</p>



## ART THERAPY IN SCHOOLS

			<p>cos I think that's – that'd be nice for all of us really actually – you know for those kids that got issues going on – to be able to be in four walls and talk to someone about your home life or whatever it is – is most probably a nice thing to do actually and it's about you!</p> <p>T4: Line 67-68: I didn't interrogate him [child] because I know it's not something that I um sort of put in place in the first place</p> <p>T5-1: Line 136-138: the art therapy was something that she [child] had to look forward to where she could be herself, express herself in privacy and any worries that she had, that maybe other children wouldn't understand because they don't have her condition, she was able to do</p> <p>P4: Line 509-514: No that's [the privacy] been fine cos it's his [child] time. I'd be fine even if he said he doesn't want to [show her his artwork] if – cos some of the children um have actually put it [art therapy work] in bin bags. And said that's it's closed. You know some children love it and they come particularly the younger one "Look what me and X [art therapist] made!" and it's all wow! You know. But that's [sharing or not sharing] his decision – that's his time.</p> <p>P2: Line 150-152: Never, she [child] doesn't say anything. When I ask her she says "Oh we just did this and did that" and that's it. She doesn't really say anything else about it. I just know that she enjoys it and it is helping her.</p> <p>P11: Line 241-249: I mean that [the privacy] is quite hard cos obviously you want ... You want to know what's going on but at the same time because I could see her [child] being happier and like as I say where she collects stuff – I knew that she needed this otherwise it would just – she wouldn't be bothered but she – She will actively seek out if something's wrong – she's sort of "Right I'm doing to" you know "This is going to Art Therapy" and sort of ... So that's what made me think yeah this is, yeah this is working – Because she's actively seeking out "Right I need – I'm going to discuss this in Art Therapy"</p>
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## ART THERAPY IN SCHOOLS

	Expressing	Through making Letting it out Feelings Explaining Processing	<p>C5: Line 633: I liked, err, to draw and things, tell my feelings and stuff like that</p> <p>C4: Line 378: It makes me express my feelings</p> <p>C13: Line 334: [Dad would say AT was good] because ... he [Dad] probably just say because he [child] can just start getting things out of his head - I'd say</p> <p>C11: Line 546-548: [better to have doing and making and chatting] because when I make stuff it helps me ... explain</p> <p>P10: [Line 195-198] I don't think that [just talking] would have helped cos I don't think she [child] would have spoken as much as what she did with the art</p> <p>P7: Line 514: ...he [child] can express himself</p> <p>P5: Line 209-210: But after – maybe saying things or letting things out through the art she was more happy and comfortable.</p> <p>P10: Line 202-203: X [child] can't talk properly – she can talk but if kinda getting them words out – and she can't explain herself – probably she done that better in the art</p> <p>P14: Line 184-186: the making thing is good too and the drawing, cos that will show what is really coming from deep inside, you understand what I'm saying, so the drawing I this is good. Is good, is very good.</p>

			<p>T5: Line 93-95: the art sort of brings that middle ground where the child can apply onto the art and then go into something further</p> <p>P13: Line 242: So that [art therapy] allowed him to vent it [the difficulties] and I didn't stress so much</p> <p>T2: Line 161-162: so I think with the art it, it was a sort of way of her [child] opening up and saying how she felt but using the art</p> <p>T10: Line 200: letting it all out</p> <p>P5: Line 116-117: It's like letting it out sort of things and asking the questions.</p> <p>P5: Line 144: But I was happy because yeah she [child] was letting it out and she was saying what she needed.</p> <p>T2: Line 161-162: so I think with the art it, it was a sort of way of her [child] opening up and saying how she felt but using the art</p> <p>AT4: Line 376-380: ...he [child] loved that, he loved the clay, okay, yeah, clay particularly he was able to express anger I feel, frustration because he – there were moments when he would take out the clay, sort of slam it down and he kept looking at me and he started banging it and seeing how far he could go, by the end he was like really banging it and needing it, so that was very good</p> <p>T5-1: Line 100-101: the art therapy, especially for someone like X [child] who is so expressive and loves putting things down, it works so well for her</p> <p>AT4: Line 415-417: But yes, if they're [child] more expansive they go towards the messier, they take risks more, they're feeling better about themselves. To be expansive they have to be feeling slightly more at ease.</p>
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			<p>AT4: Line 572-575: ...I would emphasise the space to be able to feel those emotions that are not so tolerated, you know, in our households, in our schools, you know. I think that causes a lot of anxiety when children – a lot of children are not allowed to express being upset about things and being angry, which is human nature.</p> <p>C11: Line 178: cos not always we [child and AT] have enough time to get messy</p> <p>P7: Line 221-223: Well I don't really know. I mean I know that when he [child] brought work home it wasn't very expressive, from what I saw of it, and I would have thought that if it was a means of him expressing himself there would have been more there, you see what I mean?</p> <p>P1: Line 116-117: X [child] really started to explore different things ...</p> <p>T5-1: Line 108-109: I think that she [child] understood that um, she could express herself and be herself in those situations</p> <p>C11: Line 550-551: Umm I told her [AT] about the sc-fi thingey and what I did was I was making a loom band and that helped me remember</p> <p>C1: Line 666: X [AT] taught me about how it feels like, draw how I feel</p> <p>P4: Line 292- 297: Umm I definitely think it's [the change] come through the art and her. Because you know like us adults we can sit here and talk. X [child] would never have sat there and spoken like this. So while being busy being creative umm it's – he's found his way of coming out. I firmly believe that if you'd took him to one of these centres and just sat there – no it wouldn't have. No no. It was definitely, definitely so yeah in five weeks he was in in his own room.</p> <p>C12: Line 145: Because I'm using – like get to like do art and talk and all that</p>
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## ART THERAPY IN SCHOOLS

			<p>P11: Line 189-190: So yes she [child] really quite associates right I'm – She needs to talk about something she'll think about what she wants to make and she'll take bits in</p> <p>AT11: Line 449-461: ... it was more obvious because she [child] is not only bringing those things in, sort of what she was holding internally, but because she was bringing something concrete as well ... it really enabled it, I don't know more easily to perhaps remember some of the stuff. So she would bring in like a car or you know, she went somewhere so she would bring in the sort of wrapper of the sweet she has when she went out ... You know, so the stuff related sometimes to stuff she had done.</p> <p>AT11: Line 582-594: ... this is amazing that she [child] is starting to feel so comfortably that she can be that easy and so that was ... So with X [child] she is one that you've got, sort of there's physical things as well but also you are feeling that those kind of emotions were being brought as well, that was really good. So we just felt quite, it was just quite exciting that sort of happened and that it [the transference] was happening and it, you could feel her being enabled ... in the room ...</p> <p>AT12: Line 202-203: So first of all she [child] was sort of illustrating what it was like at home, the chaos at home, so it was actually literally it was like a painting of how it is at home.</p> <p>AT12: Line 213-215: ... I don't know if she [child] would be able to verbalise it, but actually she could sort of deal with some of that chaos [from home] and that was alright to do that in art therapy and she did the paint quite thick.</p>
	Fun	Playful	<p>P9: Line 155: he [child] say "yeah, I enjoyed it, I had fun"</p> <p>C3: Line 351-356: the first time she [AT] asked me to make a folder and stuff, so for the first three sessions I didn't mind doing that ... because it was fun</p> <p>C10: Line 942: well, having fun with her [AT], having fun with her</p>

			<p>C4: Line 615: I tell her [Mum] all the fun stuff</p> <p>AT11: Line 344-345: I think she [child] probably was telling Mum and I think she probably sort of saying, concentrating more on the fun bit, you know</p> <p>C4: Line 364: fun</p> <p>C4: Line 545-546: Because with art therapy that when I have my fun time and so then after that I'm all like calmed down and I've had my fun time in school.</p> <p>C8: Line 13: It was fun</p> <p>C9: Line 264: It was just having fun</p> <p>C1: Line 195: that was fun</p> <p>C12: Line 114: it's fun</p> <p>C3: Line 356: it was fun</p> <p>C10: Line 994: my best memory is making stuff and having fun</p> <p>AT11: Line 266-267: And also a time to be sort of not every worrying or something, a bit of fun and concentrate on the art, and feel okay about that.</p> <p>AT11: Line 821-822: It [art therapy] is not just having fun, it is sometimes really quite difficult for the child and sometimes people need to appreciate that.</p> <p>AT12: Line 467-469: ... you're right in there with them, you are going to get splattered and that's kind of okay, that's part of being art therapy and stuff like that. So it's quite fun!</p>
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## ART THERAPY IN SCHOOLS

	Happy	Excitement Happy Comfortable Brilliant Safe	<p>P14: Line 160: she [child] did really enjoy it and she really liked it</p> <p>P1: Line 78: She [child] actually loved it yeah.</p> <p>P11: Line 286: She [child] enjoys art therapy</p> <p>P5: Line 137-140: All I – What I um was happy about – is that I noticed that X [child] would be really happy after the sessions... really comfortable. Yeah really comfortable. So I was happy about it anyway.</p> <p>P5: Line 159-160: ... she [child] enjoys it [art therapy] that she loves going to these sessions.</p> <p>P1: Line 94: It was always positive and she couldn't wait til the next time she saw X [art therapist]</p> <p>C10: Line 937: I was amazed, happy, glad, fabulous and that's all I can remember</p> <p>P13: Line 218-219: No he [child] was quite happy. All nice and friendly. He was making things and stuff. He took it [art therapy] in his stride. Brilliant.</p> <p>P6: Cos X [child] used to come home after art therapy today and he was really happy today.</p> <p>C6: Line 266: Happy</p> <p>C7: Line 629: I didn't enjoy it, I loved it [AT]</p> <p>C2: Line 584: I felt happy</p> <p>C8: Line 530: I was happy</p>
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## ART THERAPY IN SCHOOLS

			<p>C8: Line 623: My best memory is I got to see all my work</p> <p>P12: Line 132-133: I know she [child] is enjoying it cos she tells me.</p> <p>P12: Line 234-236: She [child] looks forward to it and art therapy does get brought up nearly on a daily basis so she must be enjoying it</p> <p>T4: Line 54: he [child] always really enjoyed it</p> <p>T5-1: she [child] always came back with a smile on her face</p> <p>C5: Line 625-627: Err, not the same [feeling] every week, but it wouldn't be like different every single week, it would be like all the same, it would be different yeah. I felt that I was safe and I could talk. I could say I felt safe. I just liked it and I'd do it again.</p> <p>C4: Line 64: Art therapy makes me happy</p> <p>C1: Line 666: I felt happy because X [AT] taught me about how it feels like, draw how I feel</p> <p>C13: Line 7: it's [AT] all brilliant</p> <p>C13: Line 247: I have no best memory cos everything's good [about AT]</p> <p>P4: Line 263: I think it's fabulous.</p> <p>AT11: Line 755: That she had a good time, she enjoyed doing the art ...</p> <p>C12: Line 120: I feel like confident</p>
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## ART THERAPY IN SCHOOLS

			<p>C10: Line 1017-1019: It was when I started to come in the X [class name] she [Art Therapist] said I won't be working with her anymore when I'm going up to Year X [number removed] I won't be working with her anymore, and that was the saddest thing that I ever wanted.</p> <p>P3: Line 124-125: ... he [child] used to love it, and I know he was quite upset when it had to finish</p> <p>C10: Line 1071-1073: She [Mum] would know that would be, erm, art therapy would be great for X [child] to do some stuff and ask some questions, because she wants me to get some art, and some more art.</p>
<b>Change</b>			
No change observed			<p>C8: Line 637: No [nothing changed]</p> <p>C9: Line 317: just the same</p> <p>C10: Line 1047: No [nothing changed]</p> <p>C13: Line 262: Mmm - no! Nothing's change! Only being a bit better at school</p> <p>C5: Line 691: Yeah it stayed the same</p> <p>P1: Line 130-132: Um things stayed the same. It didn't really – the art therapy didn't really bring out that there was any problems. It just settled everyone's mind that they [child and sister] were actually fine. Um so yes – stayed the same.</p> <p>P1: Line 153: Nothing's really changed [at school]</p>

## ART THERAPY IN SCHOOLS

	Difficulties remain	Home environment Anger Low self-esteem	<p>T15: Line 234-236: In X's [child] family umm as much as things are going okay for the family at the moment – I've been down the road many times with the family and it tends to be a circle and unfortunately don't hold much hope that it's gonna continue as good</p> <p>P13: Line 357-358: He's still got a little bit of low self-esteem but that will come back. He will get that back and he is getting better so</p> <p>P7: Line 177-178: So I think, if he [child] could get that help and it was on a longer basis, so for a longer period, whatever, that would be helpful</p> <p>C12: Line 181: umm some things have changed and some things don't</p> <p>C13: Line 286: learning [hasn't changed and is still annoying]</p> <p>C13: Line 319-322: and they're [family] still crazy - and they're - and this is their crazy zone. They started off this big and now they came to this big [even bigger] and soon they're gonna be as big as that!</p> <p>P2: Line 201: She's [child] still finding things difficult, but she's learning to cope.</p>
Change observed	Mood	Happier Calmer Less angry Less anxious Settled Improved sleep	<p>P9: Line 171-172: He [child] was calming down a lot more, erm, he wasn't losing his temper, and he was actually going to bed</p> <p>P12: Line 323-324: I definitely think that – that she'd [child] say that it's [art therapy] helped her to calm down cos she does tell me mum that "I've calmed down Nanny"</p> <p>AT4: Line 498-499: Yeah, I felt him [child] to be calmer at the time he left therapy.</p> <p>T5-2: Line 515-518: She'll [Mum] see that, you know her child loves going [to art therapy], and her child is relatively back calm and back to her old self, and she'll</p>

			<p>contribute that to art therapy, and to people thinking about X [child], and you know the statement going forward now and everything.</p> <p>T10: Line 168-169: she's calmed down now</p> <p>C4: Line 545-546: Because with art therapy that when I have my fun time and so then after that I'm all like calmed down and I've had my fun time in school.</p> <p>C11: Line 530: she [Art Therapist] helped me learn how to calm down</p> <p>P3: Line 204-205: I think it [Art Therapy] was a big help to him [child]. Like I say, I think it can be really relaxing.</p> <p>C11: Line 532: Um she [Art Therapist] helps [me] keep – keep safe</p> <p>T15: Line 158-161: Whatever he's [child] getting from art therapy is making him feel balanced – and clearing his head a little bit.</p> <p>T2: Line 247-248: it is lovely to see her [child] sort of feeling a bit more settled as well</p> <p>C1: Line 763: I tried keeping focussed in class</p> <p>T15: Line 213-214: that it helps him [child] to stop being angry</p> <p>P12: Line 295-298: she [child] had so much anger and as I say she doesn't seem angry any more... really doesn't seem angry anymore and I do believe that's through talking.</p> <p>AT4: Line 484-485: ...he [child] was, they [parents] felt, overly less aggressive, less aggressive. So that was good.</p>
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			<p>C13: Line 266: Yes. I think quite a big change cos I got less angry</p> <p>C13: Line 346-349: Err she [teacher] might [notice child was less angry] but sometimes I get angry a bit. My angry zone's this big but sometimes it grows - then it just goes - then it just goes smaller - but after I'm angry it goes smaller</p> <p>T5-2: Line 147-148: ...the whole thing, the whole, her whole um attitude at school changed, and that was definitely part of the art therapy, definitely</p> <p>P3: Line 192-194: Well, yeah, obviously I thought he [child] was enjoying it [art therapy], but I think it did actually help him. It did, because he was quite emotional. I mean, he still is a little bit, but he's changes quite a bit, he has changes quite a bit.</p> <p>T12: [child is now] cheerful and happy. Art therapy has had a positive impact on her mental health.</p> <p>T5-2: Line 472-474: I think that X [child's Mum] might just say that it's helped with her [child] happiness, her general happiness and acceptance, and it's helped with her worries, and it's helped the whole thing – it's not just been one thing.</p> <p>T2: Line 245-246: she [child] does seem happier in class and just in the playground</p> <p>AT11: Line 750-751: Yeah, I think she [child] would probably say things had changed for her, that she felt more confident, happier in herself, less anxious.</p> <p>P5: Line 209-210: But after – maybe saying things or letting things out through the art she was more happy and comfortable.</p> <p>C1: Line 744-745: Everything did change because I was much happier than what happened [the parental difficulties], and stuff</p> <p>C6: Line 306: more happy</p>
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## ART THERAPY IN SCHOOLS

			<p>C4: Line 541: I'm happier at school and home, and I'm more concentrated now</p> <p>P4: Line 413-415: When the girls – they, they're like Mum "He's like [child] a new boy!" ... because all he ever done was whined ...</p> <p>C2: Line 652: She [AT] helped me feel happy</p> <p>P4: Line 355: Err they [school] said he's not so whingey.</p> <p>P4: Line 365-368: But X [class teacher] actually said in the last meeting just gone umm I think that was March we had a parents' thing – that he's [teacher] finding that he's [child] now just like "uhh" and he's just walking away from it [peer conflict]. He's not coming crying to err X [class teacher].</p> <p>C1: Line 780: Umm she [mum] said that I was very happy once I came out of art therapy.</p> <p>C4: Line 505: Yes, I started sleeping well</p>
	Confidence	Increased confidence Expressing wants Independence	<p>T15: Line 132-135: Well what was instantly noticeable was that he [child] sought me out less. Instantly. You know it dropped off quite dramatically and now he never actually comes to find me. I'm only ever involved in X [child] if he has a meltdown on a day that the art therapist isn't in.</p> <p>T6: Line 155: ... there's a side where I've noticed he's [child] more confident</p> <p>C2: Line 681: Now I'm starting to feel confident</p> <p>C4: Line 582: He's more concentrated and more confident [Mum will say AT helped with this]</p>

			<p>C4: Line 658: He [teacher] would probably say I'm more confident</p> <p>C4: Line 668-669: Because ever since then that's when I'm getting more confident, ever since I started [art therapy]</p> <p>P8: Line 166: She's [child] come on great [more confident]</p> <p>C2: Line 728: Because the person who's doing art therapy is making me feel confident [reason why Teacher would say AT was good]</p> <p>P13: It'd [art therapy] give him a little bit more confidence to speak up.</p> <p>P13: Line 302-305: And then he'd [child] go "right well..." – he comes out with – so yeah he's – he's – before you could see he wanted to say something but he just didn't have the confidence to start – but now he's got the awkwardness but he will say.</p> <p>P11: Line 296-301: She's [child] more able to verbalise what she's – what's going on and how she's feeling and what she wants. Um cos she's actually refused to go to Dad for the next visit because she found the last one too traumatic. Um so I think she's getting some confidence out of this that actually this is what I want ... whereas she's not really said that before.</p> <p>P11: Line 328-329: Um I think so [Class Teacher would have noticed changes]. Yes I do think so. Yeah. I think she's [child] got a bit more confident recently and is talking to the class teacher more as well.</p> <p>AT4: Line 183-484: But I did speak to Mum and they [parents] seemed to feel that he [child] was much better. They were very happy with – he was sleeping in his own room; he was happily away from his sisters, being more independent ...</p> <p>T5-1: Line 86-88: which was nice, so she [child] seems to have sort of gotten herself to a point where she can now move on independently</p>
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			<p>T10: Line 145-147: it took her [child] a while, but I think it has helped in the sense that it's given her the confidence talk about how she feels</p> <p>C6: Line 369: It helps me to be safe</p> <p>C12: Line 141: It's [AT] helping me like be like more confident and all that and trusting myself</p> <p>C11: Line 559-561: [things have got easier] because umm X [AT] talked to me ... about what to do when Daddy's angry - it's helped me</p> <p>P1: Line 157-159: They [school] might turn round and say "Oh she's [child] a little bit more confident" ... but I can't imagine there being anything else.</p> <p>C6: Line 315-319: Change at school ... I wanted to play with my friends ... and I wanted to play football.</p> <p>P5: Line 260-261: Erm I don't know how much she [child] would be confident now if she didn't have them [art therapy sessions]</p> <p>P5: Line 297: It's [art therapy] had an impact a lot and it's given her [child] confidence to answer.</p> <p>At11: Line 515-516: And then also her [child], sort of you, you could see her become sort of more confident, more robust ...</p> <p>AT11: Line 614-615: She [child] became more assertive with her father and it felt like she was sort of sticking up for herself ...</p> <p>P5: Line 325: Yeah but in school it's made her really confident all the time yeah yeah yeah.</p>
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## ART THERAPY IN SCHOOLS

			<p>P5: Line 373-375: ... because I've noticed she'd [child] become becoming dependent on it [art therapy]. So we want to sort of try to say it's good but your're gonna be good as well without it.</p> <p>AT12: Line 261-264: ... she [child] was looking after the art materials, that I'm looking after it and put it in the cupboard and also what we started to see is a child a bit more looking after the way she was being dressed, so, she would dress herself and take a little bit more care of how she was dressed and feel a bit more okay about that.</p> <p>AT12: Line 306-308: ... more confident with peers and about playing with other people and being okay to sort of do that and be more sort of confident, because before it was a bit like X [child], people sort of running away a bit from her [child]</p>
	Communication	<p>Talking more to parent</p> <p>Talking more to teacher</p> <p>More articulate</p> <p>Sharing feelings</p> <p>Home – school</p> <p>Reduced challenging behaviour</p>	<p>P10: Line 177-180: another that I think she's [child] learnt is that if she can't talk to me she can talk to someone else. Which I think is brilliant.</p> <p>P9: Line 177-178: he [child] is talking now. Before he just bottled everything up, but he doesn't stop talking now which is good.</p> <p>P10: Line 350: So it [art therapy] allowed her to express things to me</p> <p>T10: Line 59-60: she's [child] getting better at getting out of them [sulks] and talking through what's making her feeling that way</p> <p>T2: Line 146-147: I guess gaining the skills to be able to do that [communicate better]</p> <p>C11:Line 580: [AT has helped] cos I come home telling her [Mummy} and it's [AT] helping her as well</p>



			<p>P11: Line 222-227: Um I mean to start off with if something happened at her Dad's she just wouldn't talk about it at all ... Um and then we've gradually got to the point that she'd come home – but she'd need some time out and then she could sort of talk a little bit um – But we have had an incident recently and she could come straight home now and was very actually “This is what's happened, this is how I felt, this is and...”</p> <p>P11: Line 229-231: So there really has – I mean it's been quite a – It's been going since September, but I really do see and I do think that a lot of it is to do with the Art Therapy that she's [child] learning how to actually be able to say express her emotions and talk about it now.</p> <p>P11: Line 296-297: She's [child] more able to verbalise what she's – what's going on and how she's feeling and what she wants.</p> <p>P4: Line 305-309: But you know now he [child] more talks. He says to my Mum “Where's my Mum's Nan?” whereas two years ago he would never have said that. He always says “It's okay Nanny if you die cos I'm gonna come and see you” at before we had to stop going round to the grave and so now he talks – talks about it very very freely.</p> <p>P14: Line 175: It did help her [child] a lot, because she's totally different now ...</p> <p>P14: Line 178-180: [child's] attitude, has changed a lot. If I talk to her [child] she will listen, d'you understand me, she'll listen sometime, but it's more now than it was before. It was more than, so it looked like, this is what she needed, you understand me? Which I'm happy for, because she did learn a lot from it.</p> <p>P12: Line 208-211: She [child] will come to me now and be quite vocal whereas before – where I've caught up I think as well – part of it was my fault. I was quite – me and her Dad had lots of heated arguments and maybe I would have let it slide a bit</p>
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			<p>– and now I- she is accepting different little things- and so. Yeah now she knows that she can come and I'm approachable.</p> <p>P7: Line 135-137 ...then there came a stage, what he [child] does now is, he draws cartoon strips, but they're matchstick, but he can put them in any position, so they look really real, and he can explain what he's saying by the pictures, they show a lot.</p> <p>T10: Line 145-147: it took her [child] a while, but I think it has helped in the sense that it's given her the confidence talk about how she feels and err maybe draw or you know or paint how she feels</p> <p>P10: Line 91-92: there's been no incidents at all</p> <p>T2: Line 139: We haven't had any going under the table</p> <p>AT6: Line 154-156: I got very positive feedback from the teacher, she said his [child] behaviour in class and in the playground seemed much, back to the old X [child], and you know, more obliging, and jolly, and less, less outbursts in the playground.</p> <p>T10: Line 218-219: she [child] knows her behaviour's got better because she knows that she's not in so often or I don't have to, you know, I don't have to get sad with her</p> <p>C12: Line 225: she'd [mum] say that she's [child] been like more good at home</p> <p>P4: Line 276-278: ...and then after his session on the following Friday he went into his own room and he's been there ever since. That just like the biggest achievement and I so believe it's come of out this [art therapy]</p> <p>P4: Line 586- 591: ...just going from that one thing how it can come out of – out of the art therapy and into the family to make it – you know I never went to art therapy. X or X [child's sisters] hasn't been to art therapy. My husband, my mum, my dad</p>
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## ART THERAPY IN SCHOOLS

			<p>hasn't but how that – from that one thing it can just ... the repercussions as they say. It's like a domino effect.</p> <p>AT11: Line 608-610: If a friend was, you know, maybe there was a bit of a falling out in class and she was [now] more able to tell the teacher. I think she was more able to say to her mother as well if something was troubling her or worrying her.</p>
	Understanding	<p>Self-understanding</p> <p>Other-understanding</p> <p>Life-understanding</p>	<p>P10: Line 147: It helped me to know where X's [child] is at</p> <p>P10: Line 160: I found out like how she'll [child] like explain herself</p> <p>P10: Line 169-170: I saw another side of her [child] really</p> <p>P10: Line 306-308: you can get so much information from children with them drawing you know whether it's sad, bad, or good, you know what I mean, but at least it helps you to umm help your child really</p> <p>P14: Line 189-190: So I'm really happy to see that she's [child] secure and she's not, you understand me, she don't have a dark patch around her</p> <p>P1: Line 145: I'd say she [child] would – she'd just turn round and say "I've learnt how to explore" I'd imagine.</p> <p>P2: Line 171-173: ... because before she couldn't really, she doesn't understand why things happen so why she doesn't understand them. But I think what it is it's just the art is just making her understand a little bit.</p> <p>AT12: Line 318–323 Yeah, changing that [other people's understandings], that she [child] wasn't just this naughty girl who, you know, that her and she is going to be naughty forever ... And there are other options.</p>

## ART THERAPY IN SCHOOLS

	Resilience	Improved coping Independence	<p>T5-1: Line 80-81: we [teacher and Art therapist] both noticed how, yeah, she [child] doesn't moan about, mum said she doesn't moan about going out and things like that</p> <p>T10: Line 62: she's [child] got strategies to cope with it</p> <p>P2: Line 171: I suppose it is helping her to cope</p> <p>P3: Line 400-401: But I think the art therapy helped him cope with lots of things.</p> <p>P4: Line 365-368: But X [class teacher] actually said in the last meeting just gone umm I think that was March we had a parents' thing – that he's [teacher] finding that he's [child] now just like “uhh” and he's just walking away from it [peer conflict]. He's not coming crying to err X [class teacher].</p>
	Learning	Academic progress Listening Presence in class	<p>T4: Line 118-119: as far as I'm concerned it must have been helpful because of the progress he's made during the year socially and academically</p> <p>T15: Line 172-174: Yeah – he [child] started to settle again. A lot of it is about head space to learn. You know he – just engaging in the lesson.</p> <p>T4: Line 73-74: he's got more focussed and more concentrated throughout the year</p> <p>T2: Line 245-246: she [child] does seem happier in class and just in the playground</p> <p>C7: Line 729-730: ... I just felt more like excited to go to school on Fridays. I concentrated on my lessons on Fridays.</p> <p>AT11: Line 776-777: ... she [teacher] said to me that thought she [child] was more confident, seemed more able to focus, a more happy child ...</p> <p>T5-1: Line 71-71: but within class she [child] didn't, it [art therapy] wasn't necessarily needed as such for her learning</p>

## ART THERAPY IN SCHOOLS

			<p>AT12: Line 323-325: So what happened is you could see as well outside of the session that she [child] was more able to focus in class and there was reports of her outcomes were better in terms of what she was achieving in class.</p> <p>AT12: Line 355: Her [child] confidence in reading went up as she could go up in stages of what she was reading as well. So she was more able to focus on that ...</p>
	Creativity	Drawing at home Making at home	<p>C3: Line 102: I use it [drawing pad] at home</p> <p>P1: Line 132-135: But I found it – at home she [child] became more arty and liked to start doing art stitching and that sort of stuff. So it did bring out another side ... from the creative part of her.</p> <p>P3: Line 258-259: ... sometimes he'll [child] get a paper for drawing, it might be a football boot or whatever, but you know, he really gets into it.</p>
Art Therapy	Mysterious Unknown Gentle Non-intrusive		<p>T1: Line 112-114: I don't really know what happens in art therapy, I just know that they go and make things, so I, I don't know if she [child] would associate it with having a tough time or just something that she has been chosen to do because she likes art</p> <p>T4: Line 142: I don't really know too much about the art therapy side of things</p> <p>P5: Line 137: No I didn't know what she [child] was – what they were gonna do.</p> <p>T1: Line 130-133: Um, no because um with the other members of staff that go out for interventions we have like a constant dialogue of what's going on and what we're doing in class to mirror that, but art therapy seems like this kind of wholly separate thing that they do. So I don't, I don't know if that's typical across the board or just with me</p>

			<p>T4: Line 148: [it would be good] if I got like a, a paragraph report from the art therapy person</p> <p>T4: Line 152: so basically he [child] goes to art therapy and he comes back [to class] basically. So I don't get any sort of official feedback</p> <p>T1: Line 141-143: I only know it's to do with sort of children who are having a tough time because that's what's been said, but I don't know, otherwise I probably wouldn't have even made that connection.</p> <p>AT4: Line 237-240: I feel that it's a very good thing about art therapy is the journey that they're [child and art therapist] both going to take and nobody can see that it is about what is going to happen and what should happen, and it's something</p> <p>T5-1: Line 76-77: it was really nice, the art therapist that was working with X [child], we'd meet every few weeks and sort of day, like it'd just be in the staff room in passing and how she was getting on</p> <p>C11: Line 505: [feeling excited and worried] cos I wasn't really sure [at the start what would happen]</p> <p>C7: 753-754: No, she wouldn't say it helped me because she wasn't there. I just told her what I did.</p> <p>P4: Line 263-264: I'd love to know quite what happens. I've always said that I'd love to see what they do in that room for 45 minutes.</p> <p>P4: Line 537-539: ...see my husband was not for this [art therapy]... He was like "Art – what's he [child] gonna get out of art?"</p>
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## ART THERAPY IN SCHOOLS

		<p>P2: Line 173- 174: But I think what it is it's just the art is just making her understand a little bit. I don't know in what way, but it seems to be helping a little bit.</p> <p>C6: Line 377: I don't know [what the teacher would think / say about AT]</p> <p>C8: Line 667: I don't know [what the teacher would think / say about AT]</p> <p>C4: Line 354: I would not know [what the teacher would think / say about AT]</p> <p>C9: Line 348: Just didn't know [what the teacher would think / say about AT]</p> <p>C11: Line 567: I'm not really sure about that [what the teacher would say about AT]</p> <p>C10: Line 1096: ...well it would be tricky for her [class teacher] [to say why art therapy had been good]</p> <p>C5: Line 711: It's [Art Therapy] good because, I don't know why she [Mum] would say because, but she would say it's good.</p> <p>C5: Line 739: I think they [teacher] would [say Art Therapy was good], but I don't know what they'd say.</p>
	Flexible	<p>P10: Line 358-359: that option [more art therapy] was there that I could ask and have it [more art therapy]</p> <p>T15: I'm hoping he [child] can carry on therapy for as long as he needs it!</p> <p>T5-2: Line 159-264: ... I'm always; I want it now, the problem's now, I want it dealt with now, and I think that art therapy in school responds to that. And I think we, you know, I was given and all the teachers can say to X [Art therapist] "I've got a worry about this" or an early years educator, so she [Art Therapist] has all this list and we will prioritise, but the priorities can change all the time, you know, um, just because</p>

## ART THERAPY IN SCHOOLS

		<p>somebody else might come in with a greater need and we can do that, you know, we can say to her, and we can say it might not be now and so on.</p> <p>P4: Line 299-303: But X [art therapist} and X [SENCO] said yeah even though it's all fine now we're not stopping it [art therapy]. So he's still been going. Because we used to say then if it had been stopped "Oh I've had my time now and then then". Just because they'd fixed it quite early it didn't mean that it was completely fixed.</p> <p>P4: Line 453-457: X [SENCO] said "Right we give it that term [of not having art therapy]" because everyone finishes anyway. So she said "We'll see how he [child] goes and he is then for September. But if I feel okay or and X [child] feels okay then he won't have it back in September.</p> <p>P11: Line 358-366: Um no they [school] will let me know before it [Art Therapy] stops and then she'll [child] have a few more sessions before that, Um but they just go on X [child] and they see what's going on at home and whether she still needs the support – So ... It's however much she needs ... Yeah very good because they were thinking of stopping the art therapy and then X [child] had a bit of a wobble with her Dad again and they said no she definitely still needs to keep going to yeah.</p>
		<p>P9: Line 341: X [Art therapist] was very good, she kept me updated</p>
School system	Liaison Supportive Safety Embedded Access	<p>T4: Line 44-46: When X [Mum] came to see me a couple of times to fill in what was happening at home, I was quite surprised at how deep it [the difficulty] was – that wasn't coming across at all in class</p> <p>T2: we've [teacher and mum] had quite a lot of meetings</p> <p>P10: Line 57-58: it [Art Therapy] was good for me cos I found out a bit of information as well</p> <p>P10: Line 223: at least the school knows you know what I mean.</p>



			<p>P10: Line 225: You know there are support mechanisms</p> <p>P5: Line 510-512: I understand everything you know what is in [art therapy] – what it is that they [school and Art therapist] want to do – or they expect. Of course they also know X [child] really well</p> <p>AT6: Line 176-180: ... in a situation where there's very kind of elevated anxiety from his [child's] Mum, who might just need periodic reassurance that we [school] know she's carrying a lot of, sort of sadness and confusion, and it's quite energy-sapping for her, to pay attention to that, because if that, if the help isn't offered when she, when she makes that clear, um, then, then the thing can spiral out of control.</p> <p>T12: The access to art therapy in school is very important as the parent wouldn't necessarily take her [child] to appointments [at a clinic].</p> <p>T12: [receives] a short email from the art therapist with a brief summary of their [child and Art therapist] conversation topics. It's much better to be kept informed.</p> <p>AT4: Line 478-479: ...I was unable to really talk to his teacher...</p> <p>P13: Line 244-245: It meant I was able to relax a bit more because it [the difficulties] were being taken out by people [school and art therapy] who could find out</p> <p>P13: Line 430-433: they [children] got noise, chaos, normal going on around them [in school]. It's more normal. They don't feel like they've been pulled away and they're a bit different. Cos otherwise it's – it's not even a clinical environment [the school]. Cos it's like – it's [the clinic] intrusive – it's like being spied on and you're never gonna act yourself are you, you know. So it's not so good.</p>
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			<p>T5-2: Line 210-213: ... I would have been really concerned, I'd have been thinking about doing a referral to mental health, and that would have taken a lot longer and been a lot less effective, but also made X [child] in her head stand out a bit more ...</p> <p>AT4: Line 596-601: I mean, I think it's very, if it art therapy] could be in every school it would be amazing because again, it's just about being stigmatised and it's whole thing about going to a clinic and suddenly there's something wrong with you. Whereas if it's in a mainstream and it's whether people have learning difficulties, you know, and it somehow feels more maternal sometimes, rather than clinical, or rather than – it seems more, I don't know how ...</p> <p>T5-2: Line 229-231: So it was really important to do something in school, something she'd [child] be up for and not, and not seen as part of her difference, but you know, she sees other children are going out as well...</p> <p>AT4: Line 635-636: ... in a school feels very natural, it feels like a very natural place to do it [art therapy]</p> <p>AT4: Line 650-651: And if it could be embedded in the actual fabric of the school, it would be amazing.</p> <p>T5-2: Line 159-264: ... I'm always; I want it now, the problem's now, I want it dealt with now, and I think that art therapy in school responds to that. And I think we, you know, I was given and all the teachers can say to X [Art therapist] "I've got a worry about this" or an early years educator, so she [Art Therapist] has all this list and we will prioritise, but the priorities can change all the time, you know, um, just because somebody else might come in with a greater need and we can do that, you know, we can say to her, and we can say it might not be now and so on.</p> <p>T5-2: Line 475-480: But the fact that we've been able to think with X [Art Therapist], and say whatever we want to X [Art Therapist], and she can be able to say back, there's that good communication. You know, she's there, she'll make herself</p>
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## ART THERAPY IN SCHOOLS

			<p>available, you know she'll give time to X [Child's Mum], and you know, she'll always give time to the parents to talk, and she'll always – I think she just knows how to handle parents by not saying too much about what happens in the sessions , but giving the reassurance.</p> <p>T1: Line 159-160: I definitely want to know more about what goes on [in art therapy] so I could bring it in [to the class] and things</p> <p>P4: Line 268-269: I'm having a – me and my husband are having a meeting with X [Art Therapist] umm and this is when they'll – he'll, he shows us his box and um the feedback ...</p> <p>P11: Line 257-263: Um yeah we [parent and Art Therapist] did have a bit of a review ... Um and they told me – obviously they didn't tell me what she [child] said. But she [Art Therapist] said things like looking at her [child's] art work and that – she's very – she's still boxing people in ... So she [Art Therapist] goes she's [child] still got security issues. She [child] likes to make sure everything's safe and they're surrounded and – So yeah I have had some feedback.</p> <p>P5: Line 401-406: ... all these things [at home] that used to come up I would come straight to X [Art Therapist] and say "This has happened" and she'd say "Okay we'll work on that" ... Yes was always that kind of communication with them [school] as well to tell then. They're very good. Anything I wanted to say they're – they were letting me say it.</p> <p>AT11: Line 146-148: ... I will be seeing the Mum and doing quite a lot of work with the Mum and X [School Support Worker]. We would have sort of regular reviews and sort of discussions ...</p> <p>AT11: Line 811-814 ... because you could also hear from the teacher how the child is doing and you could sometimes – you see them later and they know, unless they</p>
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## ART THERAPY IN SCHOOLS

			<p>acknowledge you, you are not going to say anything but you can see them later and how they are responding, which is helpful as well I think ...</p> <p>AT11: Line 836 -844 ... it is quite an accommodating school it feels, people like X [School Support Worker] or the teacher of the SENCO, you could sort of say, it feels very holding because you can say, if they can get a message to me ... you know, or you can talk to them as well, but also you can then get a message – Just the fact that somebody knows that they can say get a message to X [Art Therapist], seems to really help.</p> <p>AT12: Line 298-304 ... when you are working in education it is, you know, somebody is very near so you have got X [School Support Worker] downstairs so I can say, so we will perhaps pass that onto X [School Support Worker] and can ring your Mum and see what's going on there and then, you know X [School Support Worker] and your Mum get on okay so we can get X [School Support Worker] to come in and then I could talk to your Mum as well, and so in that sense we could help contain that ...</p> <p>C2: Line 713: Actually, he [Dad] doesn't know about it [Art Therapy]</p>
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## ART THERAPY IN SCHOOLS

<p>Change as multifaceted</p>	<p>School Parent Child</p>		<p>T6: Line 166-167: ...changes have occurred, but it hard to work out exactly – I think it's a mixture of everything [more familiar with teacher, health support, art therapy]</p> <p>T5-1: Line 79: I think that [swimming] really helped with her [child] confidence</p> <p>P12: Line 222-227: Umm half of her [child] behaviours have changed. Like the kicking out, the umm the bed-wetting as such. I'm not sure if that's down to the art therapy but you can see huge changes. But I know she has got a lot of support in the teachers as well. X [Support worker] has a big part to do with her [child] as well so. So I think it's a mixture of everything.</p> <p>T1: Line 100-103: she's [child] a bit of a, kind of like a needy child, so I'm tryna think if at the beginning she was a bit whingier or fussier and she's not [now], I'm not sure whether that's to do with art therapy of if the growing up has – getting g used to situations – at home getting better – I don't know what factor that would be down to</p> <p>AT4: Line 495-498: ...the idea of his [child] parents bringing him to therapy, he then comes to therapy, then I speak to his parents. So this whole sort of triad is going on of keeping him in mind and thought about. I had a sense, again a feeling of “Oh, okay well, I'm [child] cared about”.</p> <p>T5-2: Line 474-475: You know, not just art therapy that's helped. It's been everybody's approach and all of use thinking together.</p> <p>T5-1: Line 126-128: I think it's a combination of everything – having the support from the school and having the understanding from the teachers and timetabling, um having the ability for her [child] to go and do that [Art Therapy] as well as her learning</p> <p>T10: Line 247: I think it's everything – it's Mum's hard work</p> <p>T10: Line 249: It's school, it's art therapy, it's everything, it's all of us working together</p>
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## ART THERAPY IN SCHOOLS

			<p>T10: Line 251-253: and X [child] wanting to do well, wanting to be happy, you know, wanting the praise and saying “Well no actually, I’ve done really well, you know” instead of “Oh no! I’m in trouble again” and that kind of thing</p> <p>T4: Line 84-85: But obviously the art therapy, as well as that [PSHE lessons]</p> <p>P3: Line 203-204: I think it’s everything together, and I think the art therapy did have quite a bit to do with it.</p> <p>AT11: Line 620-621: Erm, and she [child] was more able to see her mother become more robust and more able to deal with it, so that also helped her ...</p>
Interview feedback			<p>P9: Line 395: It’s been okay actually</p> <p>P9: Line 400: No because I would have just said it [if not understood something or wanted to change what said]</p> <p>P5: Line 510-512: Yeah yeah no it felt fine [the interview]. Yeah yeah I felt good [talking] because I understand, I understand everything you know what is in [art therapy] – what it is that they [school and Art therapist] want to do – or they expect. Of course they also know X [child] really well</p>

			<p>T15: Line 260: No, no, no. I'm perfectly happy with it all.</p> <p>P12: Line 334-335: No [questions for me] because I have had um regular updates with X [Art Therapist] – I've had a couple of meetings so. I usually get me answers and things there so – but yeah I ain't got no questions to ask at this time so.</p> <p>P4: Line 579: No that's [the interview] been – like I say – now I can talk about it [the difficulties].</p> <p>P12: Line 354: Yeah, yeah. It's been really good.</p> <p>AT4: Line 659-663: It's good for me [the interview] because, you know, it helps to clarify things in my own head and that maybe now for – and to review things. It's always good for reviewing – so to think about. And I really think time filters things, you know how when you think time gives a real – I don't know how to say that but it gives a real perspective on things that sometimes – so it's nice to talk about it [the art therapy work] again.</p> <p>T5-2: Line 590-593: No, but it's made me wonder, since you said about X [child] not being able to reflect, it's made me wonder, you know, cos X [Art Therapist] and I are always thinking about um outcomes and reflection, and reflecting is part of learning isn't it? You don't reflect, you don't learn. It's just whether she couldn't at the time, say it [referral reason for art therapy or if anything had changed]</p> <p>P2: Line 244: Not about the art therapy [no questions], but I'm thinking why are you doing this?</p> <p>P2: Line 274: I think you would be the perfect one for this job.</p> <p>P2: Line 279-281: ... and I love it because when you see people like that and when I see people like you, it works. Perfect.</p>
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			<p>C5: Line 753: Yeah it was good [chatting]</p> <p>P3: Line 477 – 481: No, they [the questions] seemed fine... It wasn't anything to worry about.</p> <p>T5: Line 149-152: ... yeah I was a bit worried that it'd [the interview] be a bit like, what will I have to answer? Yeah! ... But I guess yeah [it's been okay], I guess I know a little bit more now anyway ...</p> <p>T6: Line 326-328: Yeah, no it's good. I guess I'm quite used to talking about him [child] ... so I am kinda used to talking lot of because we have a lot of meetings and things like that so yeah</p> <p>T1: Line 148-149: ... I was a bit puzzled why they [school] said can you go and talk about art therapy, cos I was like I don't really know what I can say about that ...</p> <p>P10: Line 361: No! [questions to ask me] I'm gonna go and have me cuppa of herbal tea now!</p> <p>P13: Line 414-416: It'll [the project] make a good read won't it? ... Yeah it'll make a good read – a good book!</p> <p>P7: Line 248: Fine, good.</p> <p>P14: Line 233: No, that's it, so that was good.</p> <p>AT12: Line 457-458: So it was kind of helpful as well to be in the [art therapy] room thinking about that</p>
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## ART THERAPY IN SCHOOLS

Exceptions ...	Child and parent doing art therapy together	<p>P14: Line 133-134: Yeah I got a good sense of it [art therapy] which we did enjoy, cos it was me and her [child] together making things, we was going together and we was making together</p> <p>P14: Line 170-172: Yeah we did painting and all that. We did painting, but we were doing with the clay, you know with the dough thing. We were making, we'd done painting. She [child] make nice painting about me, her Dad, her sisters and all that going to X [country]. We draw lots of pictures which was really good ...</p> <p>T5-2: Line 285-296: But I think yes, the um, I'd say all the children want to do it [Art Therapy], sometimes we've only had in the whole time of art therapy, we've had maybe at most three families, two or three families who said no. And um, they just didn't want it, they weren't up for it at all. And then we've had some who've been a bit half-hearted, and you can tell from the response of the child, because they're reluctant, and we've got one now that X's [Art Therapist] been working with, and he's been such a mess. He's had so many external things happen to him and he was like "I don't want to go", you know, and Mum had been half-hearted about it, and thought it was a bit of a punishment I think. So she [Mum] said to me "Oh, I'm not sure. I don't think he [child] likes it, and, and I don't want you to carry on". And I said "It doesn't work like that. It has to be believed. Just let him stay." and then he came to me and said "I don't" and I said "It doesn't work like that" and now he's fully in there. He's been going willingly and so on. So he clearly enjoys being there and working with the art materials.</p> <p>AT12: Line 13 – 14: Yeah, so sometimes her sister would come, but firstly, at the beginning her sister didn't come. It was probably about six or seven sessions before her sister turned up.</p>
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## Appendix N

## Theory Checking

Table 7

*Participants' Reporting of Change*

Participant	Child	Parent	Teacher	Art Therapist	Change reported within data triangulation
1	Yes	Minimal	No		Yes
2	Yes	Yes	Yes		Yes
3	No	Yes			Yes
4	Yes	Yes	Yes	Yes	Yes
5	No	Yes / Yes	Yes / Yes		Yes
6	Yes	Yes	Yes		Yes
7	Yes	Minimal			Yes
8	No	Yes			Yes
9	No	Yes			Yes
10	No	Yes	Yes		Yes
11	Yes	Yes		Yes	Yes
12	Yes	Yes	Yes	Yes	Yes
13	Yes	Yes			Yes
14	No	Yes		Yes	Yes
15			Yes		Yes

**Note.** Yes = change reported post-art therapy; No = change not reported post-therapy; Minimal = minimal change reported post-art therapy. **Highlighted text:** Clear aims and or target problems (for the art therapy) articulated during interview. **Highlighted text:** Unclear / absent aims or target problems (for the art therapy) articulated during interview.



**Table 8**

Presence of Identified Theoretical Categories within each Individual Interview

Participant	Choice	Individual	Doing	Talking	Theoretical Categories		Fun	Happy	Private
					Expressing	Relationship			
1	C	P	C	P	C	CP	C	CT	T
2	CPT	T	CP	CPT	T	C	T	CTP	PT
3	CP	CP	C	P		C	C	P	
4	CA	PCA	CPA	CA	CPA	AC	CP	CTPA	CPT
5	CPT	PTT	CP	CPTT	PTT	TTC		PT	PTT
6	PA	PA	PCT	C	TPA	PCA		CPT	PTA
7	P	C	C	P	P	C	C	CP	CP
8	C		C	CP		C	C	CP	CP
9	CP	C	C	C	P		CP	C	

# ART THERAPY IN SCHOOLS

									CP
10	CT	TP	CP	CPT	PT	CPT	CP	CP	T
11	C		CAP	CPA	CPA	CA	C	P	PA
12	C	T	CPTA	CAP	PTA	AC	C	CPAT	PTA
13	C	C	CP	CP	CP	C		CP	P
14	AC	AP	APC	A	PA	A		PC	A
15		T	T	T	T	T			T

Note. C = child interview; P = parent interview; T = teacher interview; A = art therapist interview.

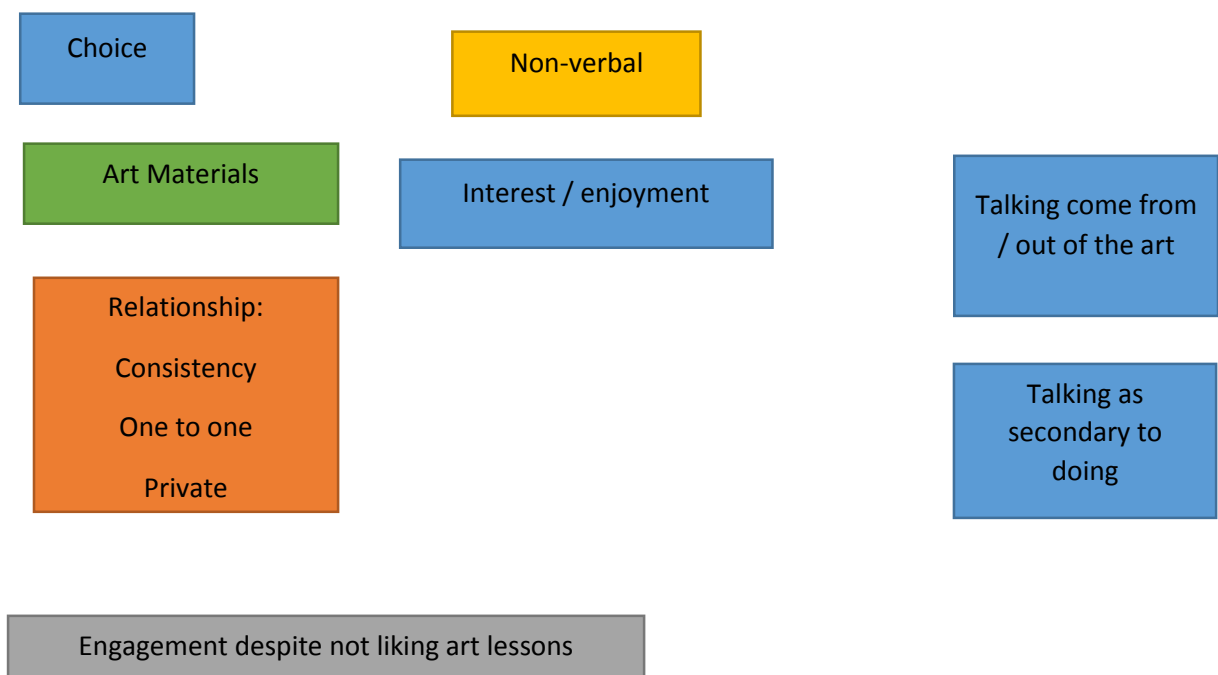
## Appendix O

### Example memos

**12th June 2014**

I thought a lot about the different elements of the art therapy process that seemed to be emerging from the interviews. There seemed to have been a strong focus on choice within many of the interviews. The children getting to choose what they do and what they use within the art therapy sessions appeared to be important. There seemed to be a theme of the work being child-centred; child-led; non-directive. I wondered how important that element might be in the whole process. I thought about how that might be for the child and whether having such a child-centred experience was something new for them? The elements of this child-centredness seemed to involve working at the child's own pace and on their agenda; the child being gently supported with and joined in their work. I felt that something about the child's independence and agency also seemed to be emerging.

### Initial theory diagram: Emerging components of art therapy process



**19<sup>th</sup> June 2014**

### Referrals

I have been noticing differences in the referrals of the children to art therapy: noticing differences in what was said to the child about the referral – what reason if any they were given for having art therapy. This seems to be varying a lot more than I had imagined it

## ART THERAPY IN SCHOOLS

would. It is interesting that some children are appearing to know more about the referral than others. I am thinking about assent and consent for treatment and collaborative working.

I have noticed within the children's interviews that it is not always obvious to the other pupils why one child or another might be receiving art therapy. This is making me think more about the referral process and how transparent it is and whether it would be a good thing for other children not to know or whether it they did know that might normalise the therapy provision even more ... or whether that would actually be a breach of privacy.

### **Art Therapy in the school**

I have also become more aware of art therapy as potentially an integral part of the school. Both schools have Art Therapists routinely working there so they are not seen as outsiders. Particularly at the second school art therapy seems to be part of the fabric of the school. It came out through one of the parent interviews that art is a strong component of the overall school ethos/ approach. I am thinking about how this might or might not have an impact for the children and whether it lessens any potential feelings of difference about attending art therapy. If art generally is considered important then maybe there is considerably less stigma associated with attending art therapy. Perhaps it also may indicate that problems are not always located within the child ... that there could be something good / helpful about art generally ... I'm not sure about this ... it seems an emerging idea at present.

**Appendix P**

**Children's Art Therapy Journey Diagrams**



Child 4

parent requested - mum  
child asked for help  
SENCO

nightmares  
sleeping probs  
peer difficulties  
probs at home  
anger  
fears  
attachment diff

not good at art  
child likes talking

one parent not keen

Pre-AT Therapy

AT Therapy

AT in school as less

AT + PSHE

All changes post-AT

being helpful  
mum  
own time

painting  
talking

choice

AT as less intimidating  
doing as important  
active

exploring  
explaining feelings  
expressing feelings  
express anger through play

becoming less controlled  
more autonomous  
AT doing own pic

listening  
helping  
kind  
funny

discovering  
exp. difficult feelings  
AT as private  
AT as unknown

fun  
happy  
enjoyable  
adores AT  
excitement

freedom  
permission  
focus  
within boundaries  
book at

less anxious  
more confident  
talking  
parent notice  
some changes  
teacher not a  
7 confident  
sessions

improved social relations  
concentrate  
sleeping better  
academic progress  
happier - home school



Child 5

friendship difficulties

likes creative activities

exploring identity

not knowing why receiving AT

health difficulties + violent

social anxiety

withdrawal / less confident

low self-esteem

school as a safe place

school very supportive

likes mess

loves school

enjoys expressive activities

emotionally containing

drawing painting

not too talkative

freedom in talking

making expressive words

AT as friendly helpful

than anything I had tried

letting it out

improved school communication more resilient

happier more comfortable

parent + teacher say AT was good

don't plan to stop

calmer improves mood

improved confidence

less anxious

improved self awareness

learning to cope

comfortable happy loved it

AT supports therapeutic relationship

less intimidating

safe

smiling

AT is private

showing making with parent

close relationship with AT

individualised time

individualised

separate sessions

being self

working on own

freedom in making

not restricted

choice

free choice

mess

mixing mess

clear approach ending

AT as response

AT as 'serious' unknown

change in school

post school

AT embedded

P

T

T2

Pro-aa-Therapy

clear approach ending

AT as response

AT as 'serious' unknown

change in school

post school

AT embedded

P

T

T2

Pro-aa-Therapy

clear approach ending



Child 7

SENCO

anger difficulties  
peer relations difficult

Communication difficulties

hates learning

lucky to attend this school

no stresses or strains  
Calm Space  
quiet place

AT cooking questions

> concentrate

making for own

sometimes drawing together

AT = listened

explaining through cartoons

Painting sand drawing

being creative

helpful

not a lot changed  
needed more AT

talk

regular

directed

enjoyment  
loved it  
excited

Still angry

expressing through pictures

less intimidating than just talking

expressing anger  
expressing emotions

talking about making

helped on address not expressive

Pre - AT Therapy

Post - AT therapy

Pre - AT Therapy

important for child to have AT as unknown

AT as private



Child 12

SSN School

likes at  
loves  
family difficulties  
parental distress  
Parent relat. ended  
Challenging behavior at school/home  
low mood  
low self-esteem  
withdrawn  
neglect concerns  
difficulties concentrating  
sleeping problems  
difficult relations.

AT as  
Caring  
nurturing

Sister  
Involved

Art  
Therapy

Regular  
sessions

Access within  
school as  
imp.

Post-therapy  
AT-therapy  
more

being  
strong  
proud

choice  
expressing  
talking out  
about worries

mess  
chaos  
expressions  
AT helps feel  
Self confident

relationship  
proximity  
talking / chatting  
asking questions  
expressing plans

AT is helpful  
happy to  
express  
Some changes

able to talk  
about fears  
+ diff home envir.  
reconfident  
Feel comfortable  
more  
happy

choice  
expressing  
talking out  
about worries

mess  
chaos  
expressions  
AT helps feel  
Self confident

relationship  
proximity  
talking / chatting  
asking questions  
expressing plans

AT is helpful  
happy to  
express  
Some changes

able to talk  
about fears  
+ diff home envir.  
reconfident  
Feel comfortable  
more  
happy

Safe  
protected

AT as private  
happy to  
express

really good  
happy to  
express

happy to  
express  
easier to  
be in class

more  
improved beh.  
at home

teacher  
not knowing

more  
vocal

more  
improved beh.  
at home



Child 9

loves are  
doesn't like are

emotional  
regulation  
difficulties

family break up

family  
illness

Grief

parent requested

Over time  
relaxing

Spoken  
drawing

doing

choice

using relations

AT used

expressing

managing  
loss/bereavement

liaison  
with AT

no difference  
at school

things just  
the same

calmer  
less angry

improved  
communication

expressing  
self better

sharing  
all over now

AT as private

parent providing  
input

parent providing  
as well as  
as AT

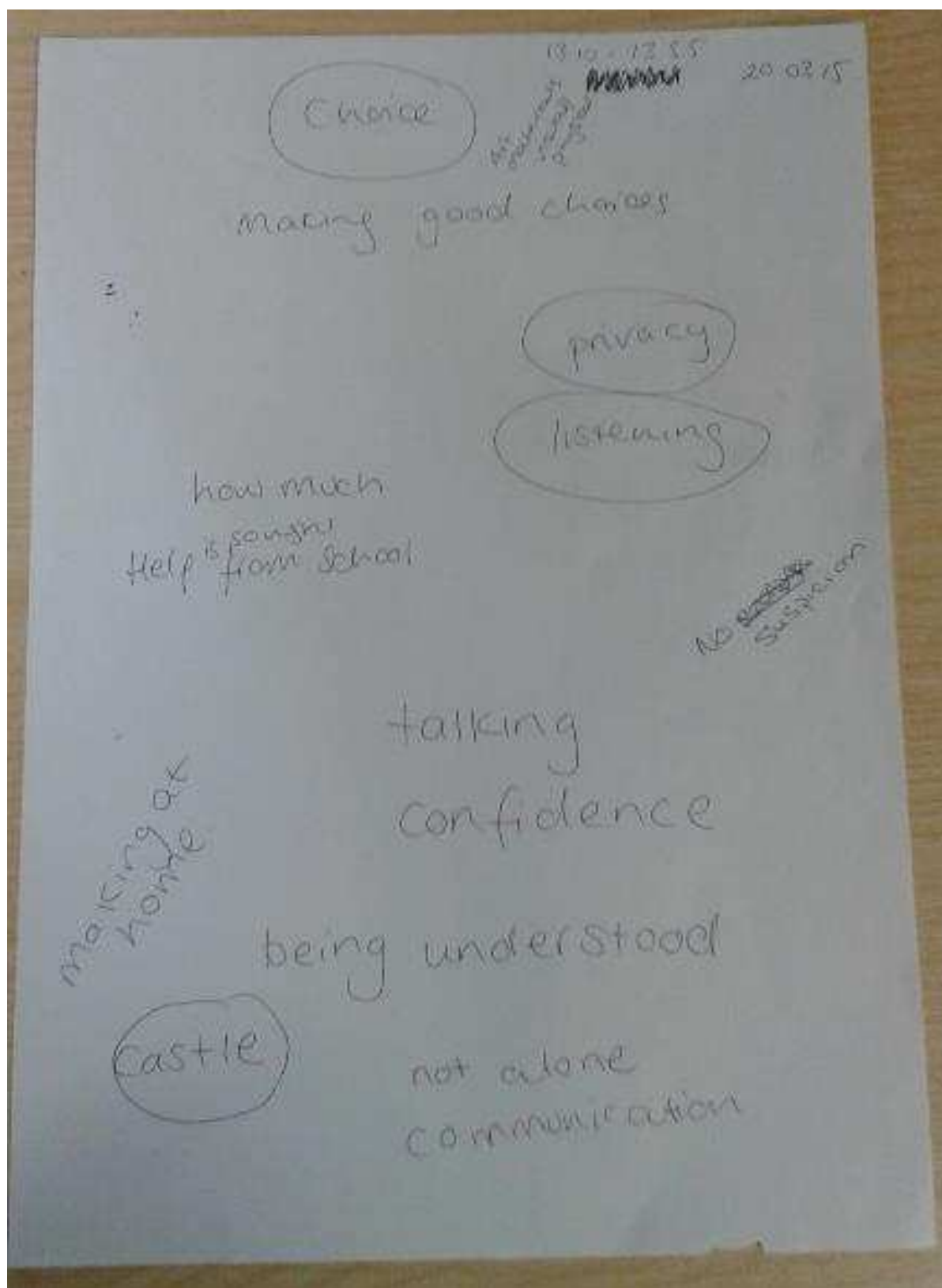
Art Therapy

Pre-  
Therapy

Parent requested

Appendix Q

Respondent Validation



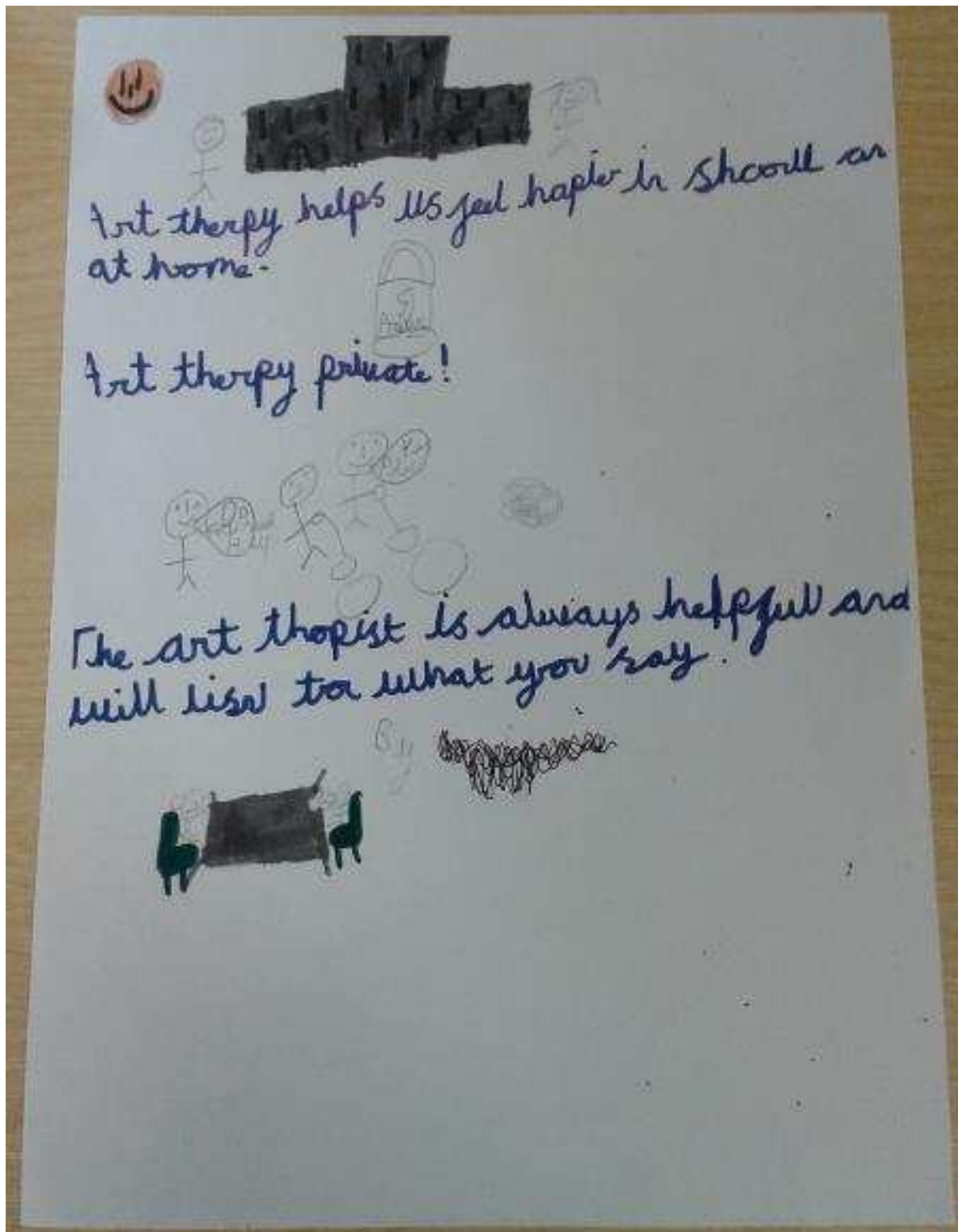
## ART THERAPY IN SCHOOLS

- no surprises
- how far child has come
- Art as the catalyst for those changes.

~~12:00~~ 12:00 - 12:35  
20:07:15

Appendix R

Child Participant's Poster of Results





**Appendix S**

**End of Study Notification for Participants**



Salomons Campus at Tunbridge Wells

Department of Applied Psychology

Faculty of Social and Applied Sciences

## **CHILD FEEDBACK SHEET**

### **How was Art Therapy for you?**



Dear [*child's name inserted*]

Thank you very much for taking part in my **art therapy project**. This letter tells you what I found out in the project. The project was called “**How was art therapy for you?**”

## ART THERAPY IN SCHOOLS

I talked to 14 children, their parents, teachers and art therapists. We talked about the things that happened before art therapy, what art therapy had been like, and the good bits and not so good bits about art therapy. The children all made a picture to tell me about art therapy. I found out lots of interesting things.

I looked at the things that everyone told me. I put them together and made a model to help tell people about art therapy.

### **The people I talked to said that the most important things about art therapy in school are:**

1. You get to **choose** what to do
2. You have **time on your own**
3. You get to do **making** and **talking**
4. It's **private**
5. The **art therapist is kind and helpful and listens**
6. The doing, making, and talking help you to **explain** things and **understand** things better
7. It's **fun!**
8. It makes you feel **happy!**

### **Art therapy is helpful and good because:**

- It can make you feel **more confident, more relaxed,** and **concentrate better**
- It can also help you to tell people **how you are feeling** and **what you need**
- After art therapy it can be **easier to learn things at school**

## ART THERAPY IN SCHOOLS

- It can also be **easier to manage difficult things**

I will be coming back into school to talk you to about the project. If you would like we can make a poster to tell people about the important things about art therapy.



**Thank you very much for talking to me.**

**Thank you for helping me with my project.**

Best wishes,

**Rachel Deboys**

Trainee Clinical Psychologist

Canterbury Christ Church University





Salomons Campus at Tunbridge Wells

Department of Applied Psychology

Faculty of Social and Applied Sciences

## PARENT / TEACHER FEEDBACK SHEET

### How was Art Therapy for you?



Dear Parents, Guardians, and Teachers,

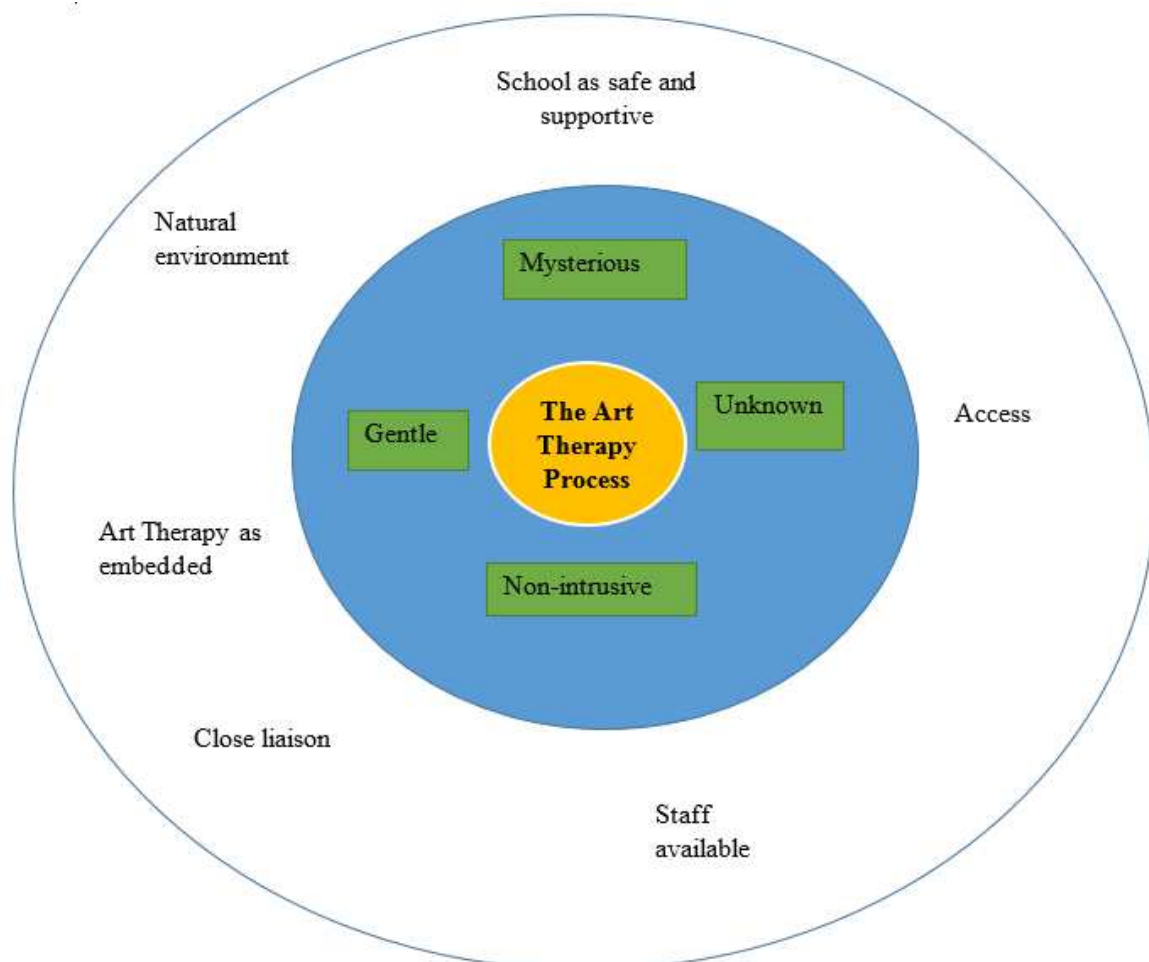
**Thank you very much for taking part in my project “How was art therapy for you?”**

The project aimed to explore children’s experiences of art therapy. The project hoped to better understand what was most helpful about the art therapy to improve practice. 43 individual interviews were completed with 14 children, their parents, teachers, and art therapists. The data collected provided a lot of very interesting information.

## Main Findings

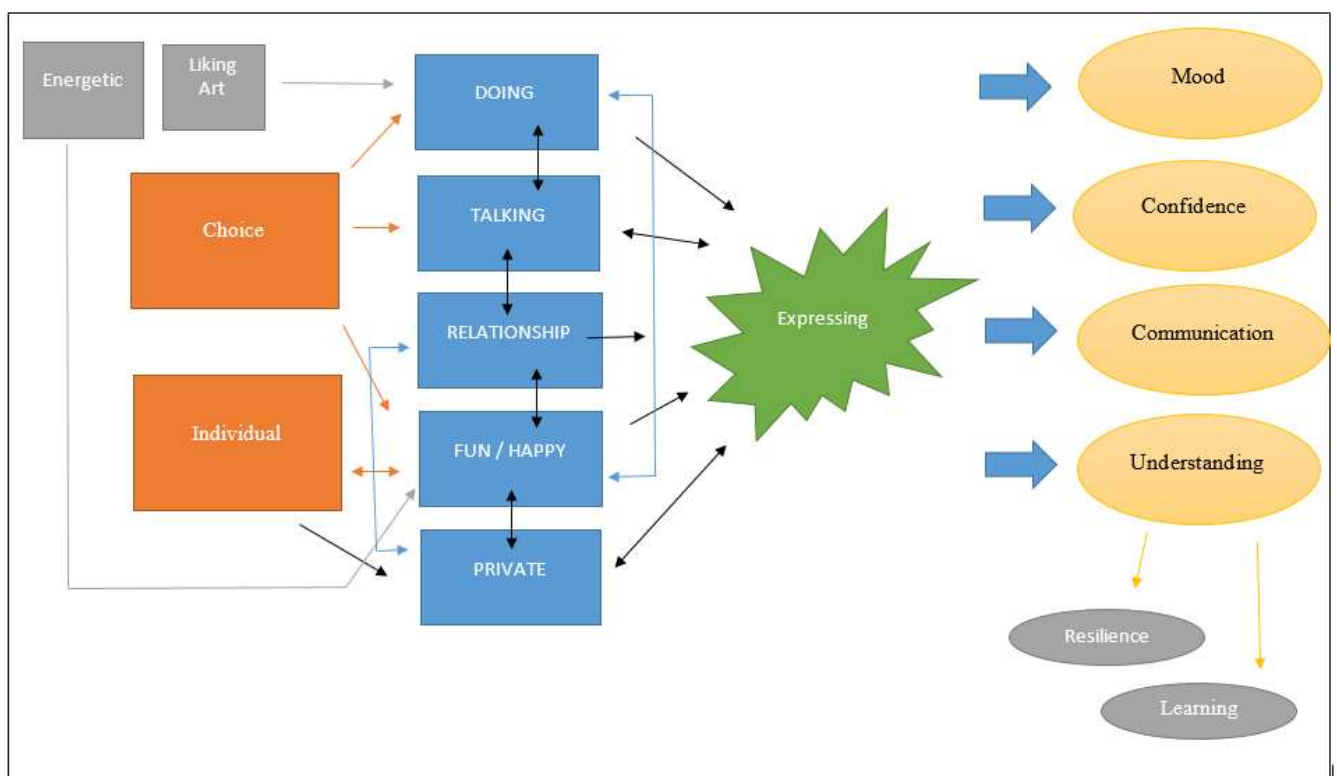
**Three models were created to help explain participants' ideas about school-based art therapy.**

**Model 1** focused on the art therapy being part of the fabric of the school. This was seen as very helpful and supportive. However, the adult participants were sometimes not sure what actually happened in art therapy and wanted to know more about it.



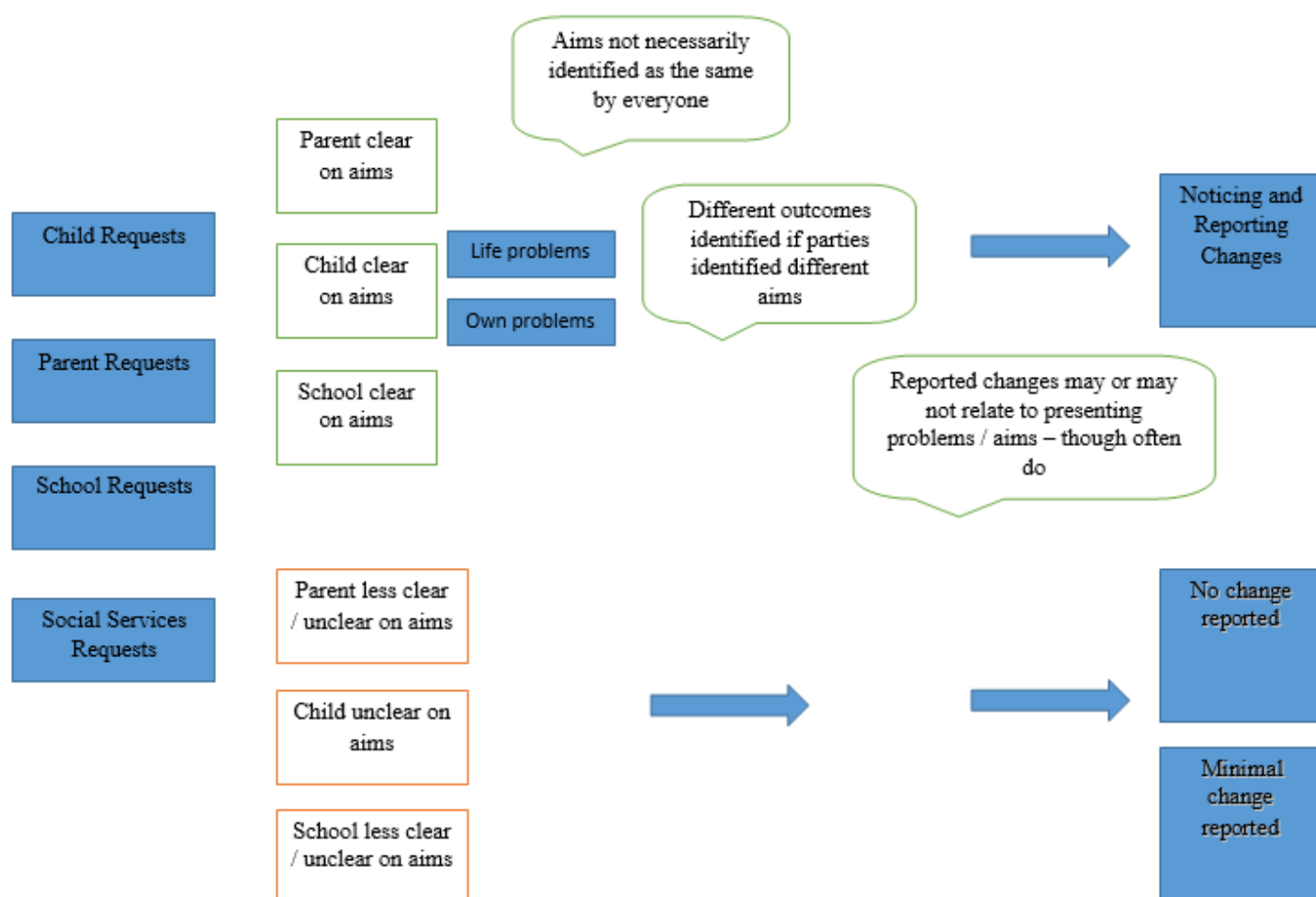
## ART THERAPY IN SCHOOLS

**Model 2** described the most important parts of the art therapy sessions and the changes that happened following art therapy. Being able to have time on their own where the children could choose what to make and say and do was very important. Having an adult who they trusted and helped them was also key. The doing and making with the art was vital for the children to be able to think about their difficulties, explain them, and manage them better. The children and adults said that this helped the children to feel more confident, happier, talk about their thoughts and feelings more easily, be able to learn more, and understand things better. All of the children talked about art therapy as a fun and happy experience.



The last model, **Model 3**, showed that children needed to know why they were having art therapy to be able to say if anything had changed afterwards. Sometimes it can be hard to talk to children about why a therapy is given, but the children who knew this clearly, could much more easily explain how it had helped them. This was also true for the parents and teachers.

## ART THERAPY IN SCHOOLS



### Next Steps

The project has created very useful information in helping us understand children's school-based art therapy better. The following ideas will be shared with art therapists and psychologists to help them in their work with children:

- Having a fun and happy therapy experience is really important to children
- Children want to be able to choose what they do in therapy and like having individual time

## ART THERAPY IN SCHOOLS

- Doing and making art is very important in helping children explain things
- The art therapy needs to be integrated into the whole school; this helps to support parents and teachers
- Art therapists need to provide more information to parents and teachers on what happens in art therapy
- Clear goals or targeted problems need to be set at the beginning of the work if children are to know what the therapy has helped them with
- Lastly, the art-doing part seems to be the most important element to the children – they all wanted more of it!

Thank you very much for taking part in this project and sharing your experiences with me. If you have any questions about the project findings please speak to your child's art therapist or the school Special Educational Needs Co-ordinator and we can arrange a time to talk further.

Yours sincerely,

**Rachel Deboys**

Trainee Clinical Psychologist

Canterbury Christ Church University





**Appendix T**

**Summary of Study Notification for Ethics Panel**

Department of Applied Psychology  
Canterbury Christ Church University  
Runcie Court  
Broomhill Road  
Tunbridge Wells  
TN3 0TF

5<sup>th</sup> May 2015

Dear Professor Margie Callanan,

**Ethics Panel: End of study notification**

**I am writing to inform you of the completion of my project: “How was art therapy for you? Children’s experiences of art therapy”.**

I undertook 43 interviews with 40 participants. 14 children were interviewed with data triangulated with parent, teacher, and art therapist interviews. These were analysed using grounded theory methodology and theoretical models were generated. Three models were created from the qualitative data collected. Model 1 described the systemic context of the art therapy, Model 2 the processes within art therapy, and Model 3 the trajectory of change for the child participants.

## ART THERAPY IN SCHOOLS

### **Findings**

Model 1 focussed on the importance of art therapy being embedded within the wider system of the school environment and how such embedding provided parents and school staff with support and containment. Providing art therapy at school rather than at a clinic was important to both parents and teachers. Despite being well linked into the school systems, the adults spoke of wanting to know more about art therapy and referred to it as a somewhat mysterious intervention. It is hoped that studies such as this one will begin to shed further light on these unfamiliar processes.

Model 2 depicted the processes within school-based art therapy. The individualised, child-centred nature of the intervention was paramount. Being able to make choices about making, doing and talking was central for the children. The ability to express things through art-doing was also key. The privacy of the therapy and the therapeutic relationship were also important factors in facilitating expression of thoughts and feelings. Participants reported a range of outcomes following therapy, with some reporting no change at all. Improvements in child participants' mood, confidence, communication, and understanding were described post-art therapy. These were seen to contribute to improved learning within school and increased resilience.

Lastly, Model 3 described the trajectory of change for the child participants. It highlighted that for children to be able to talk about what might or might not have changed post-therapy they needed to have understood clearly why the therapy was provided in the first place. Reported changes sometimes related to targeted problems but not always.

### **Recommendations**

The project highlights a number of possible recommendations for art therapy and psychology practices with children. The importance of therapeutic experiences being fun and enjoyable for children was a dominant theme and clinicians would benefit from adapting their practice accordingly. Children need to be informed of intervention rationales if they are to fully participate in outcomes monitoring. Art therapy was found to be a useful intervention for supporting non-verbal and then verbal expression of difficulties. Psychologists would thus benefit from considering referring children to art therapy when the children are struggling to verbally articulate their difficulties. Finally, the benefits of providing therapy outside of a clinic environment were highlighted.

I have attached the feedback provided to the participants with this letter. Separate feedback was given to the child and adult participant groups.

Thank you very much for your support with this project.

## ART THERAPY IN SCHOOLS

Yours sincerely,

Rachel Deboys

Trainee Clinical Psychologist

Canterbury Christ Church University

## **Appendix U**

### **Art Therapy in the UK**

#### **Training**

The entry route to art therapy training usually requires an undergraduate degree in art or art and design. Other professionals such as teachers or social workers with an extensive prior and ongoing commitment to the visual arts may be accepted for training without an art-based bachelor degree. Training is at Masters level (MA or MSc) and usually lasts for two years (longer if undertaken part-time). Training varies slightly across universities although all courses include academic and experiential elements focusing on psychodynamic psychotherapy, as well as clinical placements. At Goldsmiths University for example, students complete two 60 day placements during the two year programme. Students are required to submit case reports and academic assignments alongside placement portfolios. Less emphasis is placed on completing research. Undertaking personal therapy is mandatory during the Masters training. Courses are predominately self-funded although occasionally employers may pay for art therapy training to be undertaken.

#### **Governance**

Art Therapists and Art Psychotherapists are legally required to register with the Health and Care Professionals Council (HCPC) in order to practice and thus must operate under their governance. Both titles are protected titles and individual practitioners can choose which they use. The HCPC guidance for arts therapists (2013) details specific areas of knowledge that are expected of art therapists including the processes of visual art-making, the containment of emotions, the triadic relationship of the art, the art therapist and the client, and unconscious and conscious art expressions within therapy.

## ART THERAPY IN SCHOOLS

Members of the British Association of Art Therapists must adhere the association's strict code of ethics (2014) which includes being HCPC registered, having regular and appropriate supervision, maintaining professional indemnity insurance, and ensuring that their continuing professional development is kept up to date.

### **Work Settings**

Art therapists work across a range of settings including NHS, Social Care, private and voluntary sectors including schools, prisons, and rehabilitation units. Many art therapists work privately or part-time and thus have to establish themselves and their work within a particular service. Care pathways and therapeutic provision thus varies greatly across services. Many services currently employing an art therapist had not previously employed an art therapist and thus referral routes and length of therapeutic interventions are typically agreed within individual settings. No national guidance currently exists detailing referrals routes or care pathways relating to generic art therapy provision.

Art therapists working within the NHS are typically paid at Band 6 upon completing their training and after several years of practice can expect to progress to Band 7. A Principal Arts Therapist would be paid at Band 8a.

Within the two schools involved in this project, referral routes were negotiated by the art therapists several years ago when they established their work within the schools. Referrals come from a range of sources including the child's class teacher, the Special Educational Needs Co-ordinator, the Parent Liaison Officer, and the child's parent. Art therapy provision was offered for a wide variety of presenting problems including anxiety, loss, trauma, aggression, low self-esteem and identity in the context of disability. Set criteria for who would or would not be eligible for art therapy were not present as both schools and the art

## ART THERAPY IN SCHOOLS

therapists involved were committed to flexible service delivery. Initial assessments for suitability to art therapy typically lasted several weeks. The length of intervention was thus tailored to the needs of the individual child and varied from one or two academic terms to a whole school year.

### **Additional Information**

Further information on becoming an art therapist and the governance structures under which art therapists practice can be found within the following documents:

British Association of Art Therapists. (2014). BAAT code of ethics 2014. Retrieved from

<http://www.baat.org/Assets/Docs/General/BAAT%20CODE%20OF%20ETHICS%202014.pdf>

British Association of Art Therapists. (2015). Art therapy training 2015. Retrieved from

<http://www.baat.org/Assets/Docs/ART%20THERAPY%20TRAINING%20%202015.pdf>

Health and Care Professions Council. (2013). Standards of proficiency arts therapists.


London: Health and Care Professions Council. Retrieved from [http://www.hpc-uk.org/assets/documents/100004FBStandards\\_of\\_Proficiency\\_Arts\\_Therapists.pdf](http://www.hpc-uk.org/assets/documents/100004FBStandards_of_Proficiency_Arts_Therapists.pdf)

NHS Careers. (2015). Entry requirements and training for art therapy. Retrieved from

<http://www.nhs.uk/careers/explore-by-career/allied-health-professions/careers-in-the-allied-health-professions/arts-therapists/art-therapist/entry-and-training/>

## Appendix V

### Transcript Confidentiality Forms

 Canterbury Christ Church University  
**Salomons**

**Confidentiality Statement for Persons Undertaking  
Transcription of Research Project Interviews**

Project title \_\_\_\_\_ How was Art Therapy for you? \_\_\_\_\_

Researcher's name \_\_\_\_\_ Rachel Deboys \_\_\_\_\_

The tape/s or recording/s you are transcribing have been created as part of a research project. Tapes may contain information of a very personal nature, which should be kept confidential and not disclosed to others. Maintaining this confidentiality is of utmost importance to the University. Signing this form means you agree not to disclose any information you may hear on the recording to others, and not to reveal any identifying names, place-names or other information on the recording to any person other than the researcher/s named above. You agree to keep the recording in a secure place where it cannot be accessed or heard by other people, and to show your transcription only to the relevant individual/s who is involved in the research project, i.e. the researcher/s named above.

You will also follow any instructions given to you by the researcher about how to disguise the names of people and places talked about on

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any recordings as you transcribe them, so that the written transcript will not contain such names of people and places.

Following completion of the transcription work you will not retain any recordings or transcript material, in any form. You will pass all tapes back to the researcher and erase any material remaining on your computer hard drive or other electronic medium on which it has been held.

You agree that if you find that anyone speaking on a tape is known to you, you will stop transcription work on that tape immediately and pass it back to the researcher.

### Declaration

I agree that:

1. I will discuss the content of the recording/s only with the researcher/s named on the previous page.
2. I will keep all recordings in a secure place where they cannot be found or heard by others.
3. I will treat the transcripts of the recordings as confidential information.



## ART THERAPY IN SCHOOLS



4. I will agree with the researcher how to disguise names of people and places in the recordings.
5. I will not retain any material following completion of transcription.
6. If the person being interviewed on a recording is known to me I will undertake no further transcription work on the recording and will return it to the researcher as soon as is possible.

*I agree to act according to the above constraints*

Your name KAREN OATES

Signature K. Oates

Date 25/11/14

Occasionally, the conversations on recordings can be distressing to hear. If you should find it upsetting, please speak to the researcher.

## ART THERAPY IN SCHOOLS



Confidentiality Statement for Persons Undertaking  
Transcription of Research Project Interviews

Project title How much art therapy for you?  
 Researcher's name The process of change in children's art therapy  
Rachael Delaney

The tape/s or recording/s you are transcribing have been created as part of a research project. Tapes may contain information of a very personal nature, which should be kept confidential and not disclosed to others. Maintaining this confidentiality is of utmost importance to the University. Signing this form means you agree not to disclose any information you may hear on the recording to others, and not to reveal any identifying names, place names or other information on the recording to any person other than the researcher/s named above. You agree to keep the recording in a secure place where it cannot be accessed or heard by other people, and to show your transcription only to the relevant individual/s who is involved in the research project, i.e. the researcher/s named above.

You will also follow any instructions given to you by the researcher about how to disguise the names of people and places talked about on

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## ART THERAPY IN SCHOOLS



any recordings as you transcribe them, so that the written transcript will not contain such names of people and places.

Following completion of the transcription work you will not retain any recordings or transcript material, in any form. You will pass all tapes back to the researcher and erase any material remaining on your computer hard drive or other electronic medium on which it has been held.

You agree that if you find that anyone speaking on a tape is known to you, you will stop transcription work on that tape immediately and pass it back to the researcher.

### Declaration

I agree that:

1. I will discuss the content of the recording/s only with the researcher/s named on the previous page.
2. I will keep all recordings in a secure place where they cannot be found or heard by others.
3. I will treat the transcripts of the recordings as confidential

Information.

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4. I will agree with the researcher how to disguise names of people and places on the recordings.
5. I will not retain any material following completion of transcription.
6. If the person being interviewed on a recording is known to me I will undertake no further transcription work on the recording and will return it to the researcher as soon as is possible.

*I agree to act according to the above constraints*

Your name NICOLA DEBOYS

Signature [Handwritten Signature]

Date 20.07.14

Occasionally, the conversations on recordings can be distressing to hear. If you should find it upsetting, please speak to the researcher.

## Appendix W

### Journal Submission Guidance

## British Journal of Developmental Psychology

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Edited By: Patrick Leman

Impact Factor: 1.957

ISI Journal Citation Reports © Ranking: 2013: 29/65 (Psychology Developmental)

Online ISSN: 2044-835X

### Author Guidelines

The British Journal of Developmental Psychology publishes full-length, empirical, conceptual, review and discussion papers, as well as brief reports, in the areas mentioned in the [Overview](#) of the journal.

In those cases deemed appropriate, peer commentaries on key papers/reviews will be solicited from other researchers in the relevant field. These peer commentaries will be published immediately after the target article, with the authors(s) of the article being invited to write a response to the commentaries. Only papers which report methodologically sound and rigorous research or which make a substantive contribution to the discipline are accepted for publication in the journal.

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The word limit for papers submitted for consideration to BJDP is 5000 words and any papers that are over this word limit will be returned to the authors. The word limit does not include the abstract, references, figures, and tables. Appendices however are included in the word limit. In very exceptional cases the Editor retains discretion to publish papers beyond this length where the clear and concise expression of the scientific content requires greater length (e.g., explanation of a new theory or a substantially new method). The authors should contact the Editor first in such a case.

Brief reports should be limited to 2000 words or the equivalent in tables and text and have no more than 15 references. The title should indicate exactly but as briefly as possible the subject of the article. Papers will be evaluated by the Editor and referees in terms of their theoretical interest, practical interest, relevance to the Journal and readability. They will be treated as a priority during the review process and then published in the next available issue once they are accepted.

#### 3. Submission and reviewing

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All manuscripts must be submitted via [Editorial Manager](#). You may like to use the [Submission Checklist](#) to help you prepare your paper. The Journal operates a policy of anonymous peer review. Before submitting, please read the [terms and conditions of submission](#) and the [declaration of competing interests](#).

### 4. Manuscript requirements

- Contributions must be typed in double spacing with wide margins. All sheets must be numbered.
- Manuscripts should be preceded by a title page which includes a full list of authors and their affiliations, as well as the corresponding author's contact details. You may like to use [this](#) template.
- All articles should be preceded by an abstract of between 100 and 200 words, giving a concise statement of the intention, results or conclusions of the article. The abstract should not include any sub-headings.
- The main document must be anonymous. Please do not mention the authors' names or affiliations (including in the Method section) and always refer to any previous work in the third person.
- Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript but they must be mentioned in the text.
- Figures can be included at the end of the document or attached as separate files, carefully labelled with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi. All figures must be mentioned in the text.
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Author, A., Author, B., & Author, C. (1995). *Title of book*. City, Country: Publisher.

Author, A. (2013). Title of journal article. *Name of journal*, 1, 1-16. doi: 10.1111/bjep.12031

- SI units must be used for all measurements, rounded off to practical values if appropriate, with the imperial equivalent in parentheses.
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